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LICENSE NUMBER	R: 016600001		CITY OR TOWN	AMBRIDGE
APPLICATION FOR	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	TEMPLE, INC.			
DOING BUSINESS	A TEMPLE BAR			
ADDRESS 1688 MA	ASS. AVE			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02138
MANAGER: LEE,	PETER T	YPE OF LICENSE: Res	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF				
DINING ROOM, BA of food and alcohol	AR, KITCHEN AN	ID BATHROOMS Ou	tside seasonal seating f	or 16 for service
I hereby certify and s	swear under penalti	es of perjury that:		
1. the renew	ed license will be o	of the same type for the	same premises now lic	ensed;
2. the license	ee has complied wi	ith all laws of the Comm	nonwealth relating to ta	ixes; and
3. the premis	ses are now open for	or business (If not expla	ain below)	
SIGNED BY	Individual Partn	er or Authorized Corpo	arate Officer	
	marviduai, i artii	ici of Munorized Corpo	rate Officer	
DATE:	TELEDUC	ONE NUMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
	TELEFIC	INE NOMBER.		lual Social Security Number)
XX - 41 1	J - 44 - 4 4J - 4	! (1) 4l-		L Ch4 204 - 64b -
		re in possession (1) the inspector and the head		
named license and of 2010.	(2) the certificate	of liquor liability insu	rance required by Ch	apter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	011011111
DISAPPROVED:				
(If disapproved expla	ain)			
			-	
DATE:				
			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016	5600002		CITY OR	TOWN CAMBRI	DGE
APPLICATION FOR RE	NEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: BR	ILLIANT FOOD	S,LLC			
DOING BUSINESS A S	UMMER SHACK	<b>X</b>			
ADDRESS 149 ALEWIF	E BRK.PKWY				
CITY/TOWN: CAMBR	IDGE	STATE: MA	ZIP CO	ODE: 02140	
MANAGER: WHITE, J	JASPER K TYPE	E OF LICENSE: Res	staurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS		<u></u>
APPROX 11700 SQFT C STANDING; OYSTER B RAISED DINING AREA 25; FULL SERVICE KIT	SAR W/38 SEATS AT REAR W/82	S AND 25 STAND SEATS. WAITING	MAIN DIN	ING ROOM W/136	SEATS.
I hereby certify and swear  1. the renewed lie	•	of perjury that: he same type for the	same premi	ses now licensed:	
		• •	-	elating to taxes; and	I
3. the premises as	re now open for b	usiness (If not expla	ain below)		
SIGNED BY Inc	lividual, Partner o	or Authorized Corpo	orate Officer		
DATE.					
DATE:	TELEPHONE	NUMBER:		MPLOYER IDENTIFICA  NOT Individual Social	
			(	individual Social	Security (variable)
We the undersigned, att Acts of 2004, signed by named license and (2) the of 2010.	the building insp	ector and the head	d of the fire	department for th	e above
Please Check Below:			LOCAL	LICENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(== shoupped ; ou emplum)					
DATE:					



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LICENSE NUMBE	ER: 016600004		CITY OR TOWN CAMB	RIDGE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME	E: MOSKA,LLC			
DOING BUSINES	S A MOKSA TAPPA	AS LOUNGE & NAG	<del>G</del> A	
ADDRESS 450 MA	ASSACHUSETTS AV	VENUE		
CITY/TOWN: CA	AMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: CH SLI	OWDHURY,TA TY	PE OF LICENSE:Re	estaurant CATEGOR	CY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	CMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMI	ISES:		
DINING ROOM A FIRST FLOOR	ND KITCHEN ON F	TRST FLOOR WITH	I STORAGE AND OFFICE A	LSO ON
I hereby certify and	l swear under penaltie	s of perjury that:		
1. the rene	wed license will be of	f the same type for the	e same premises now licensed;	;
2. the licer	see has complied with	h all laws of the Com	monwealth relating to taxes; a	nd
3. the pren	nises are now open for	r business (If not expl	lain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
			(Note: NOT Individual Soc	rial Security Number)
Acts of 2004, sign	ed by the building in	spector and the hea	ne certificate required by Ch d of the fire department for urance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	otain)		-	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600005		CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: NORTHEAST BUS	SINESS GROUP INC	C.	
DOING BUSINESS A THE MAHARAJA	A		
ADDRESS 57 JFK STREET, SECOND F	FLOOR		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02138
MANAGER: THAKUR, AMAN TYP	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMISONE DINING ROOM AND KITCHEN COME I hereby certify and swear under penalties  1. the renewed license will be of the second state of the s	DN STREET FLOOR of perjury that: the same type for the all laws of the Comm	same premises now nonwealth relating to tin below)	licensed;
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NU	MBER: 016600007		CITY OR TOWN CAMBRI	DGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: MASSASOI	T ELKS CLUB INC.		
DOING BUSI	NESS A			
ADDRESS 55	BISHOP ALLEN D	R.		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	HARDING, DONALD	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED P			
RECREATION FIRST FLOOR		CHEN IN BASEMENT,OFF	ICE AND TWO MEETING F	HALLS ON
		nalties of perjury that:		
1. the	renewed license will	be of the same type for the s	ame premises now licensed;	
2. the	licensee has complie	ed with all laws of the Commo	onwealth relating to taxes; and	[
3. the	premises are now op	en for business (If not explai	n below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpor	ate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(10te. 101 marviduai Sociai	Security (variber)
Acts of 2004,	signed by the build	ing inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiaiii)			
DATE:				



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LICENSE NUMBER: 016	600008		CITY OR TO	OWN CAMBRII	DGE
APPLICATION FOR REN	NEWAL:	Annual	Ll	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: GS	TREET ASSOCIA	TES, INC.			
DOING BUSINESS A GI	RAFTON STREET	PUB & GRILL			
ADDRESS 1 BOW ST.					
CITY/TOWN: CAMBRI	DGE	STATE: MA	ZIP COD	E: 02138	
MANAGER: LEE, PAT	RICK TYPE C	OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSIT	E AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF LICE					
LOUNGE WITH BAR, TY APPROX 6000 SQFT ALI					G OF
I hereby certify and swear	under penalties of p	perjury that:			
1. the renewed lic	ense will be of the s	same type for the	e same premises	s now licensed;	
2. the licensee has	s complied with all	laws of the Com	monwealth rela	ting to taxes; and	
3. the premises are	e now open for busi	iness (If not exp	lain below)		
SIGNED BY	ividual, Partner or A	Authorized Corn	orate Officer		
1116.	ridual, Further of F	idinorized Corp			
DATE:	TELEPHONE N	TIMBED.	EMPI	OYER IDENTIFICA	TION NUMBER:
	TEEEI HONE N	OWIDEK.		<b><u>OT</u></b> Individual Social	
<b>33</b> 7 (1 1 1 1 1 1)		• (1) 4	4 · fi ·	. 11 61	4 204 641
We the undersigned, atto Acts of 2004, signed by t					
named license and (2) the of 2010.	e certificate of liqu	uor liability inst	ırance require	d by Chapter 11	6 of the Acts
Please Check Below:			LOCAL LIG	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
APPLICATION FOR RENEWAL MU	UST BE FILED BY LICEN	SEES DURING THE N	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 016600010		CITY OR TOWN	CAMBRIDGE
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PRESIDENT &	FELLOWS OF HAI	RVARD COLLEGE	
DOING BUSINESS	A AT LOEB DRA	AMA CENTER		
ADDRESS 64 BRA	TTLE ST.			
CITY/TOWN: CAN	MBRIDGE	STATE: M	A ZIP CODE:	02138
MANAGER: BOR	GER, DIANE T	YPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF				
LIQUOR TO BE SE FIRST FLOOR	RVED IN LOBBY	AREA ON FIRST	FLOOR, SMALL STO	ORAGE AREA ON
I hereby certify and s	swear under penalti	es of perjury that:		
1. the renew	ved license will be	of the same type for	the same premises now	licensed;
	•		ommonwealth relating t	to taxes; and
3. the premi	ses are now open f	or business (If not e	xplain below)	
GIGNED DV				
SIGNED BY	Individual, Partn	er or Authorized Co	orporate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigne Acts of 2004, signed	d, attest that we a	re in possession (1)	(Note: <u>NOT</u> In the certificate required of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signed named license and	d, attest that we a	re in possession (1)	(Note: <u>NOT</u> Ind the certificate required lead of the fire depart insurance required by	ed by Chapter 304 of the ment for the above
We the undersigne Acts of 2004, signer named license and of 2010.  Please Check Below: APPROVED:	d, attest that we a	re in possession (1)	(Note: <u>NOT</u> Ind the certificate required lead of the fire depart insurance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d, attest that we a d by the building (2) the certificate	re in possession (1)	(Note: <u>NOT</u> Inc.)  The certificate required of the fire departed by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signer named license and of 2010.  Please Check Below: APPROVED:	d, attest that we a d by the building (2) the certificate	re in possession (1)	(Note: <u>NOT</u> Inc.)  The certificate required of the fire departed by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d, attest that we a d by the building (2) the certificate	re in possession (1)	(Note: <u>NOT</u> Inc.)  The certificate required of the fire departed by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 016600011		CITY OR TO	WN CAMBRID	OGE
APPLICATION	N FOR RENEWAL:	Annu	al LIC	CENSED FOR 20	013
		CLAS	SS		YEAR
LICENSEE NA	AME: CBL INC.				
DOING BUSIN	NESS A CASABLAN	NCA RESTAURAN	ľΤ		
ADDRESS 40	BRATTLE STREET				
CITY/TOWN:	CAMBRIDGE	STATE:	MA ZIP CODE	E: 02138	
MANAGER:	JUBEIN, SARI ABUL	TYPE OF LICENS	SE: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PR	EMISES:			
ONE DINING BASEMENT L		A CONSISTING OF	F CAFE AND BAR, K	ITCHEN IN THE	3
2. the 1		l with all laws of the	for the same premises e Commonwealth relati ot explain below)		
SIGNED BY	Individual, Pa	artner or Authorized	Corporate Officer		
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
Acts of 2004,	signed by the building	ng inspector and th	(1) the certificate requested the fire deputy insurance required	partment for the	above
Please Check Belo	ow:		LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
. 11	•				
DATE:					
D.111.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 016600012		CITY OR TOWN	CAMBRIDGE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 042-44 E	BRATTLE ST.			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02138
MANAGER: Dias,	, Paul T	YPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
ROOMS, BAR,LOU	MISE CONSISTIN	NG OF ONE PRIVAT RD, KITCHEN, OPE	TE DINING AREA, T IN COOK AREA, RE	
2. the license	red license will be dee has complied wi	of the same type for the	ne same premises now nmonwealth relating to plain below)	
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building i	nspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0166000	13	CITY OR TOWN CAMBRI	DGE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MARRIC	OTT HOTEL SERVICES, INC	C.	
DOING BUSINESS A CAMB	RIDGE CENTER MARRIOT	T HOTEL	
ADDRESS 2 CAMBRIDGE CI	ENTER		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02142	
MANAGER: Kappel, James	TYPE OF LICENSE: In	nholder CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	PREMISES:		
FLOOR. RESTAURANT STO	RAGE ROOM, KITCHEN, B	OP, LOBBY AND LOUNGE OF ALLROOM 2ND FLOOR. 3 FU FLOOROUTDOOR PATIO	NCTION
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed;	
2. the licensee has com	plied with all laws of the Com	nmonwealth relating to taxes; and	1
3. the premises are now	open for business (If not exp	lain below)	
SIGNED BY Individua	al, Partner or Authorized Corp	oorate Officer	
	,		
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by the bu	ilding inspector and the hea	he certificate required by Chap ad of the fire department for th urance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 016600015		CITY OR TOWN	CAMBRID	GE
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
	E: F.& D. RESTAUR S A CAMPUS/MANI DOKLINE ST.	ANT CORP.			TLAK
CITY/TOWN: CA	AMBRIDGE	STATE: MA	ZIP CODE:	02139	
	LLAND, TYI NALD J.	PE OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
	F LICENSED PREMI				
	S,KITCHEN AND BA		ET FLOOR; CELLAR	FOR STOR	AGE
<ol> <li>the rene</li> <li>the licer</li> </ol>	I swear under penalties wed license will be of usee has complied with hises are now open for	the same type for the all laws of the Con	nmonwealth relating t		
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Inc		ION NUMBER:
Acts of 2004, sign	ed, attest that we are ed by the building in d (2) the certificate of	spector and the he	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMB	ER: 016600016		CITY OR TOWN	CAMBRID	GE
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NAMI	E: T.T. THE BEAR'S I	PLACE INC.			
DOING BUSINES	SS A				
ADDRESS 010-18	B BROOKLINE ST.				
CITY/TOWN: C	AMBRIDGE	STATE: M	A ZIP CODE:	02139	
MANAGER: CA	ARES, MILES J. TYPI	E OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION O	F LICENSED PREMISI	ES:			
*	MS,ONE COCKTAIL LO H PUB,KITCHEN AND	* * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	G ROOM EXI	PRESS
I hereby certify and	d swear under penalties of	of perjury that:			
1. the rene	ewed license will be of the	ne same type for	the same premises now	v licensed;	
	nsee has complied with a		_	to taxes; and	
3. the prei	mises are now open for b	ousiness (If not ex	xplain below)		
GIGNED DV					
SIGNED BY	Individual, Partner of	or Authorized Co	orporate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social So	ecurity Number)
Acts of 2004, sign	ned, attest that we are i ned by the building insp id (2) the certificate of l	pector and the h	ead of the fire depart	ment for the	above
Please Check Below:	_		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	nlain)				
(II disappioved ex)	piani)				_
DATE:					
APPLICATION FOR REN	NEWAL MUST BE FILED BY LIC	CENSEES DURING TH	E MONTH OF NOVEMBER (N		5A)



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LICENSE NUMBER: 01660	0018	CITY OR TOWN CAMBR	IDGE
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MIDD	LE EAST RESTAURANT IN	IC.	
DOING BUSINESS A MID	DLE EAST RESTAURANT/Z	ZUZU	
ADDRESS 02-4-8 BROOKI	LINE ST.		
CITY/TOWN: CAMBRIDO	GE STATE: M	IA ZIP CODE: 02139	
MANAGER: SATER, NA	BIL TYPE OF LICENSE:	Restaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
		BARS, STAFF SERVICE AREA	
		ON MASS AVE. ONE ROOM PI	
KITCHEN, STAGE, 2 BAR; AVE.	S, 2 BATHROOMS IN BASE	MENT PLUS SIDEWALK CAF	ON MASS
I hereby certify and swear un	der penalties of periury that:		
•		the same premises now licensed;	
	• •	ommonwealth relating to taxes; an	d
	now open for business (If not e		d
5. the premises are n	low open for business (if not e	Apidin below)	
CICNED DV			
SIGNED BY Indivi	dual, Partner or Authorized Co	orporate Officer	
	•		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Socia	al Security Number)
		) the certificate required by Cha nead of the fire department for t	-
		nsurance required by Chapter 1	
of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	HORIT I
DISAPPROVED:		By.	
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01660	0019	CITY OR TOWN	CAMBRIDGE					
APPLICATION FOR RENE	WAL: An	nual LICEN	ISED FOR 2013					
	CL	ASS	YEAR					
LICENSEE NAME: THE F DOING BUSINESS A HAV ADDRESS 1248- 60 CAMB	ELI							
		. MA ZID CODE.	02120					
CITY/TOWN: CAMBRIDO			02139					
MANAGER: SINGH, MOI	HAN TYPE OF LICE	ENSE: Restaurant C	ATEGORY: All Alcohol					
EMAIL ADDRESS:								
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:								
DINING ROOM, KITCHEN, AREA REAR OF PREMISE SEATS TO BE SEPERATEI	& BAR ON 1ST. FL.ST S & ON CAMBRIDGE	ST.,1 TABLE ON BALCON						
I hereby certify and swear un	der penalties of perjury t	hat:						
		be for the same premises now						
	•	the Commonwealth relating t	to taxes; and					
3. the premises are n	ow open for business (If	not explain below)						
SIGNED BY Individ	dual, Partner or Authoriz	ed Corporate Officer						
DATE:	FELEPHONE NUMBER	Α.	R IDENTIFICATION NUMBER: dividual Social Security Number)					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.								
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY					
DATE:								



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LICENSE NUMI	BER: 016600020		CITY OR TOWN	AMDRIDGE
APPLICATION	FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: LEGAL SEA FO	ODS INC.		
DOING BUSINE	ESS A			
ADDRESS 5 CA	MBRIDGE CENTER			
CITY/TOWN: (	CAMBRIDGE	STATE: MA	ZIP CODE:	02139
MANAGER: B	ARKER, PETER TY	γPE OF LICENSE:Re	staurant CAT	TEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	ISES:		
	TH LOUNGE,OYSTE TO DINING WITH A			
I hereby certify a	nd swear under penaltic	es of perjury that:		
•	newed license will be o		same premises now lie	censed;
2. the lic	ensee has complied wi	th all laws of the Com	monwealth relating to t	axes; and
3. the pr	emises are now open fo	or business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, sig	gned by the building i	nspector and the hea	d of the fire departme	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved c	Apidiii)			
DATE:				
APPLICATION FOR RI	ENEWAL MUST BE FILED BY	LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.	.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	.016600022		CI	IY OK TOWN	CAMBRIL	JGE
APPLICATION FOR	RENEWAL:	Annua	1	LICEN	SED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	SONESTA (	OF MASSACHUSET	ΓS, INC.			
DOING BUSINESS A	A ROYAL SO	ONESTA HOTEL				
ADDRESS 40 EDWI	N H. LAND	BLVD				
CITY/TOWN: CAM	IBRIDGE	STATE:	MA	ZIP CODE:	02142	
	NABEND, HANIE	TYPE OF LICENS	E:Innholo	der C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	LEASE ALSO VISI	Γ OUR WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		
DESCRIPTION OF I	ICENSED P	REMISES:				
MAIN LEVEL; LOB ROOMS, 2ND FLR; ASSEMBLY AREA EACH AND 2 MINI	BALLROOM GRAND BAL	I, DIVISIBLE IN 2, U LLROOM, UP TO 4 N	P TO 5 M	EETING ROC	MS,PREP A	REA,PRE
I hereby certify and sv	wear under pe	nalties of perjury that	:			
1. the renewe	d license will	be of the same type f	or the san	ne premises nov	v licensed;	
	-	ed with all laws of the		_	to taxes; and	
3. the premis	es are now op	en for business (If no	t explain l	pelow)		
SIGNED BY	Individual, I	Partner or Authorized	Corporate	e Officer		
DATE:	TELE	PHONE NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	by the build	we are in possession or inspector and the cate of liquor liability	e head of	the fire depart	tment for the	above
Please Check Below: APPROVED:				OCAL LICEN By:	SING AUTH	ORITY
DISAPPROVED:				-		
(If disapproved explain	n)		-			
			=			
DATE:			-			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600023	CI	TY OR TOWN CAMBRIDGE					
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013					
	CLASS	YEAR					
LICENSEE NAME: CLUBE DESF	PORTIVO FAIALENSE, INC						
DOING BUSINESS A							
ADDRESS 1115 CAMBRIDGE STE	REET						
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139					
MANAGER: SANTOS,JOE	TYPE OF LICENSE: Club	CATEGORY: All Alcohol					
EMAIL ADDRESS:							
DESCRIPTION OF LICENSED PREMISES:  LOUNGE AND FUNCTION ROOM ON FIRST FLOOR WITH CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer							
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)					
We the undersigned, attest that we Acts of 2004, signed by the buildin	e are in possession (1) the ce g inspector and the head of	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the					
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica	e are in possession (1) the ce g inspector and the head of te of liquor liability insuran	(Note: NOT Individual Social Security Number)  rtificate required by Chapter 304 of the the fire department for the above					



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LICENSE NUMBER	R: 016600025		CITY OR TOWN	CAMBRIDGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OLE! MEXICAN	GRILL OF MASS I	LLC	
DOING BUSINESS	A OLE! MEXICAN	N GRILL		
ADDRESS 011-15 S	SPRINGFIELD ST			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02139
MANAGER: RAM	MOS, ERWIN TY	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS	
DESCRIPTION OF				GTOD . GT D.
BASEMENT	VO DINING ROOMS	S ON FIRST FLOO.	R; PREP KITCHEN	AND STORAGE IN
I hereby certify and	swear under penalties	s of perjury that:		
1. the renew	ed license will be of	the same type for th	e same premises now	licensed;
	•		monwealth relating to	o taxes; and
3. the premi	ises are now open for	business (If not exp	lain below)	
GIGNED DV				
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
We the undersigne	d. attest that we are	e in possession (1) tl	ne certificate require	ed by Chapter 304 of the
Acts of 2004, signe	d by the building in	spector and the hea	ıd of the fire departı	ment for the above
named license and of 2010.	(2) the certificate of	f liquor liability ins	urance required by	Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	AUTHORITT
DISAPPROVED:			J	
(If disapproved explain	ain)			
			-	
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY I	ICENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 016600026		CITY OR TOWN	CAMBRIDGE			
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013			
		CLASS		YEAR			
LICENSEE NAME: DOING BUSINESS	HANK, INC A BUKOWSKI TAV	VERN					
ADDRESS 1279- 12	283 CAMBRIDGE ST	REET					
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02139			
	MOWSKI, TYP ANNE	PE OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol			
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
DESCRIPTION OF LICENSED PREMISES:							
ONE DINING ROOM WITH KITCHEN SEPARATED , BAR AREA, BASEMENT FOR STORAGE							
	swear under penalties ved license will be of t	1 0 0	e same premises now	licensed;			
2. the licens	see has complied with	all laws of the Com	monwealth relating to	o taxes; and			
3. the premi	ises are now open for	business (If not expl	ain below)				
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer				
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.							
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY			
DATE:							



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600027		CIT	Y OR TOWN	CAMBRID	GE	
APPLICATION FOR	RENEWAL:	Annua	al	LICEN	SED FOR 20	13	
		CLAS	SS			YEAR	
LICENSEE NAME: DOING BUSINESS				LC			
ADDRESS 104 MOU	JNT AUBURN STR	EET					
CITY/TOWN: CAM	<b>IBRIDGE</b>	STATE:	MA	ZIP CODE:	02139		
MANAGER: BRAI	OY, DEREK TYP	E OF LICENS	SE:Restaura	int CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
Ī	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL A	DDRESS			
DESCRIPTION OF LICENSED PREMISES: DINING RM AND LOUNGE WITH BAR, AND KITCHEN ON THE FIRST FLOOR.STORAGE IN THE BASEMENT.OUTDOOR SEASONAL PATIO WITH 12 SEATS ON PUBLIC SIDEWALK,34 SEATS ON PRIVATE PATIO.ALTERNATE FLOOR PLAN FOR DANCING.							
I hereby certify and sy	I hereby certify and swear under penalties of perjury that:						
1. the renewe	ed license will be of t	the same type	for the same	premises now	licensed;		
	ee has complied with			_	taxes; and		
3. the premis	ses are now open for	business (If no	t explain be	elow)			
SIGNED BY	SIGNED BY Individual, Partner or Authorized Corporate Officer						
DATE:	TELEPHONI	E NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.							
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LC By	OCAL LICENS 7:	ING AUTHO	DRITY	
( alsapproved explu	/		_				
DATE:			_				



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LICENSE NUMBER:	016600029		CITY OR TOWN	CAMBRIDGE	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME:	BRIGHT STAR L	UNCH INC.			
DOING BUSINESS A	COURTSIDE				
ADDRESS 291-99 CA	MBRIDGE STRE	ET			
CITY/TOWN: CAMI	BRIDGE	STATE: MA	ZIP CODE:	02141	
MANAGER: ALBEI	RTS, JOHN TYI	PE OF LICENSE: Re	estaurant C	ATEGORY: All A	Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI					
ONE DINING ROOM KITCHEN ON FIRST				ON AREA AND	
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of	the same type for the	e same premises now	licensed;	
	•		monwealth relating t	o taxes; and	
3. the premise	s are now open for	business (If not exp	lain below)		
SIGNED BY	Individual Partner	or Authorized Corp	orate Officer		
	marviduai, i artiici	or rudionzed corp	orate officer		
DATE:	TELEDIJON	E MUMDED.	EMPI OVE	R IDENTIFICATION N	IIMRER:
	TELEPHON	E NUMBER:		dividual Social Security	
	_				
We the undersigned, Acts of 2004, signed 1					
named license and (2 of 2010.					
Please Check Below:			LOCAL LICENS	SING AUTHORIT	Y
APPROVED:	_		By:		
DISAPPROVED:	_				
(If disapproved explain	1)		<del></del>		
DATE:					
APPLICATION FOR RENEWA	L MUST BE FILED BY L	ICENSEES DURING THE !	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600030	•	CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SUNSET CAP	E INC.	
DOING BUSINESS A SUNSET GR	RILLE	
ADDRESS 851-57 CAMBRIDGE ST	Γ	
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02141
MANAGER: CASTANHEIRA, FERNANDO	TYPE OF LICENSE: Rest.	aurant CATEGORY: All Alcoho
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PRE	EMISES:	
APPROX 3300 SQ FT ON LOWER STORAGE. APPROX 4650 SQ FT DINING ROOM, ONE WAITRESS	ON FIRST FLOOR CONS	F BAR, BAR/CAFE AREA AND ISTING OF BAR, BAR/CAFE AREA,
I hereby certify and swear under pena	alties of perjury that:	
1. the renewed license will b	• •	•
•		onwealth relating to taxes; and
3. the premises are now open	n for business (If not explai	n below)
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer
,	·	
DATE: TELEPE	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER
I EDEI I	TOTAL TYOMBER.	(Note: NOT Individual Social Security Number
Acts of 2004, signed by the buildin	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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LICENSE NUMBER: 0	16600032		CI	TY OR TO	VN CAMBR	IDGE
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	ENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME: P	UGLIESE RESTA	URANT, INC	C.			
DOING BUSINESS A	LIZZY'S					
ADDRESS 635 CAMBI	RIDGE ST.					
CITY/TOWN: CAMBI	RIDGE	STATE:	MA	ZIP CODE	: 02141	
MANAGER: VELAZO JOSHUA		E OF LICEN	SE:Restaur	rant	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LIC						
DINING ROOM AND I PATIO WITH 16 SEAT						
I hereby certify and swea	ar under penalties	of perjury tha	t:			
1. the renewed 1	license will be of t	he same type	for the sam	e premises	now licensed;	
2. the licensee h	nas complied with	all laws of the	Commony	vealth relati	ng to taxes; an	d
3. the premises	are now open for l	business (If no	ot explain b	elow)		
SIGNED BY						
Iı	ndividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHONI	E NUMBER:				ATION NUMBER:
				(Note: NO	L Individual Socia	al Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	pector and th	e head of	the fire dep	artment for t	he above
Please Check Below:			L	OCAL LIC	ENSING AUT	HORITY
APPROVED:			В	y:		
DISAPPROVED: (If disapproved explain)						
(11 disappioved expiain)			<del>-</del>			
			_			
DATE:			_			



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LICENSE NUMBER: 016600033		CITY OR TOWN	CAMBRID	GE			
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013			
	CLASS			YEAR			
LICENSEE NAME: PORTUGALIA INC.							
DOING BUSINESS A							
ADDRESS 723 CAMBRIDGE ST.							
CITY/TOWN: CAMBRIDGE ST	ATE: MA	ZIP CODE:	02141				
MANAGER: VALENTE, MARIA TYPE OF	LICENSE: Res	taurant C	CATEGORY:	All Alcohol			
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	IAIL ADDRESS		-			
DESCRIPTION OF LICENSED PREMISES:							
DINING ROOM WITH KITCHEN PARTITIONED OFF ON FIRST FLOOR WITH CELLAR FOR STORAGE,ENTRANCE FROM CAMBRIDGE ST AND EXIT ONTO MARION ST							
I hereby certify and swear under penalties of perjury that:							
1. the renewed license will be of the same type for the same premises now licensed;							
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and							
3. the premises are now open for busine	ss (If not expla	in below)					
GIGNED DV							
SIGNED BY Individual, Partner or Aut	horized Corpo	rate Officer					
DATE: TELEPHONE NUM	/IBER·	EMPLOYE	R IDENTIFICAT	ION NUMBER:			
12221101121101	2220	(Note: NOT Ir	ndividual Social S	ecurity Number)			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.							
Please Check Below: APPROVED:		LOCAL LICEN	SING AUTHO	DRITY			
DISAPPROVED:		By:					
(If disapproved explain)							
DATE:							
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEE	S DURING THE MO	ONTH OF NOVEMBER (	M.G.L. Ch 138 \$ 16				



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LICENSE NUM	BER: 016600034		Ci	IY OK IOW	IN CAMBRIL	JGE
APPLICATION	FOR RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAM DOING BUSIN	ME: POLISH AMER ESS A	R. CITIZENS AS	SOC.OF C	AMBRIDGE	INC.	
ADDRESS 747	CAMBRIDGE ST.					
CITY/TOWN:	CAMBRIDGE	STATE:	MA	ZIP CODE:	02141	
MANAGER: I	Lynch, Michael J	TYPE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION	OF LICENSED PREI	MISES:				
MAIN HALL,K STORAGE	ITCHEN AND CHEC	KROOM ON TH	IE STREE	T FLOOR W	ITH CELLAR	FOR
I hereby certify a	and swear under penal	ties of perjury tha	t:			
1. the re	enewed license will be	of the same type	for the sar	ne premises n	ow licensed;	
2. the lie	censee has complied v	vith all laws of the	e Common	wealth relatin	ng to taxes; and	
3. the pr	remises are now open	for business (If n	ot explain	below)		
SIGNED BY	Individual, Part	ner or Authorized	l Corporat	e Officer		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
Acts of 2004, si	igned, attest that we agned by the building and (2) the certificate	inspector and tl	ne head of	the fire depa	artment for the	e above
Please Check Below	<u>":</u>		]	LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			]	Ву:		
DISAPPROVED (If disapproved e						
(11 disapproved (	Apium)					
DATE.						
DATE:						
APPLICATION FOR R	ENEWAL MUST BE FILED E	Y LICENSEES DURIN	G THE MONT	'H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	016600035		CITY OR TOWN CAMBRI	DGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1193 CAI	A TUPELO			
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: McLE	OD, RENEE	TYPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PRI	EMISES:		
		TORAGE AREA ON TH DRAGE AND OFFICE AI	E STREET LEVEL,BASEMEN REA	T WILL
I hereby certify and sv	vear under pena	alties of perjury that:		
2. the license	e has complied	* *	e same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY	Individual, Pa	urtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed	by the buildin	ng inspector and the hea	ne certificate required by Chap d of the fire department for the urance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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LICENSE NU	MBER: 016600036		CITY OR TOWN CA	AMBRIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: ALMEIDA C	CAFE, INC		
DOING BUSI	NESS A CASA POR	TUGAL		
ADDRESS 12	00 CAMBRIDGE ST	2.		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02	2139
MANAGER:	ALMEIDA, MANUELA	TYPE OF LICENSE:	Restaurant CATE	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PF	REMISES:		
DINING ROO	M AND KITCHEN	ON STREET FLOOR W	TTH CELLAR FOR STOR	RAGE
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for t	he same premises now lice	nsed;
2. the	licensee has complied	d with all laws of the Co	mmonwealth relating to tax	es; and
3. the	premises are now ope	en for business (If not ex	plain below)	
SIGNED BY	Individual, P	artner or Authorized Con	rporate Officer	
DATE:	TELEF	PHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the he	the certificate required by ead of the fire department surance required by Cha	t for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
			-	
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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	CITY OR TOWN CAMBRII	JGL
Annual	LICENSED FOR 2	013
CLASS		YEAR
'AURANT GROUP	INC.	
OWICH BAR		
STATE: MA	ZIP CODE: 02139	
E OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
BSITE AND ENTER YOUR EN	MAIL ADDRESS	
ES:		
G ON FIRST FLOO	OR; STORAGE IN BASEMENT	` - 2
of perjury that:		
he same type for the	same premises now licensed;	
all laws of the Comr	nonwealth relating to taxes; and	
ousiness (If not expla	ain below)	
or Authorized Corpo	orate Officer	
E NUMBER:	EMPLOYER IDENTIFICA  (Note: NOT Individual Social	
E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
in possession (1) the		security Number) ter 304 of the e above
in possession (1) the	(Note: <u>NOT</u> Individual Social et certificate required by Chap l of the fire department for the	ter 304 of the e above 6 of the Acts
in possession (1) the	(Note: <u>NOT</u> Individual Social et certificate required by Chap I of the fire department for the rance required by Chapter 11	ter 304 of the e above 6 of the Acts
in possession (1) the	(Note: NOT Individual Social et certificate required by Chaple of the fire department for the rance required by Chapter 11.	ter 304 of the e above 6 of the Acts
in possession (1) the	(Note: NOT Individual Social et certificate required by Chaple of the fire department for the rance required by Chapter 11.	ter 304 of the e above 6 of the Acts
in possession (1) the	(Note: NOT Individual Social et certificate required by Chaple of the fire department for the rance required by Chapter 11.	ter 304 of the e above 6 of the Acts
	CLASS CAURANT GROUP DWICH BAR  STATE: MA E OF LICENSE: Res BESITE AND ENTER YOUR EN ES: G ON FIRST FLOC of perjury that: the same type for the all laws of the Commousiness (If not explain	CLASS CAURANT GROUP INC. DWICH BAR  STATE: MA ZIP CODE: 02139 E OF LICENSE: Restaurant CATEGORY:  BESITE AND ENTER YOUR EMAIL ADDRESS ES: G ON FIRST FLOOR; STORAGE IN BASEMENT



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010000038		CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THREE INTIALS, DOING BUSINESS A EAST COAST GE		
ADDRESS 1271 CAMBRIDGE ST.		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139
MANAGER: LOZANO, JAMES TYP	E OF LICENSE: Res	estaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	ES:	
3 ROOMS ON 1ST FLOOR W/ KITCHE STORAGE IN BASEMENT.	N AND SEATING, O	ONE W/ BAR AND ONE W/ SEATING.
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of t	he same type for the	e same premises now licensed;
2. the licensee has complied with		_
3. the premises are now open for l	business (If not expla	ain below)
SIGNED BY		
	or Authorized Corpor	orate Officer
D. 1777		
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)
		(1966) 1962 Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head	ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disappioved explain)		
DATE:		



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LICENSE NU	MBEK: 010000039		CITY OR TOWN	CAMBRIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE N. DOING BUSI		'AURANT & DELICATE	SSEN INC.	
ADDRESS 13	28- 48 CAMBRIDG	E STREET		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02139
MANAGER:	WHEELER, ROBERT	TYPE OF LICENSE:R	estaurant	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ON SECOND	FLOOR.EMPLOYE	TESSEN,COCKTAIL LO EE LOCKER ROOM ON S PED PTIO HO HAMPSH	SSECOND FLOOR	.40 SEAT
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises no	w licensed;
2. the	licensee has complie	ed with all laws of the Con	nmonwealth relating	g to taxes; and
3. the	premises are now op	en for business (If not exp	olain below)	
SIGNED BY	Individual, l	Partner or Authorized Corp	oorate Officer	
DATE.				
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICATION NUMBER: (Individual Social Security Number)
			(Note: <u>NOT</u> )	individual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	ad of the fire depar	ired by Chapter 304 of the rtment for the above y Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICEN	NSING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
			-	
DATE:				
····.				



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LICENSE NUMBER: 016600042		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: EUGENE F.LYNC DOING BUSINESS A ADDRESS 1 CEDAR ST.	CH POST#30 UNITE	O AMER.VETS.IN	C.	
CITY/TOWN: CAMBRIDGE	STATE: MA	ZID CODE:	02140	
		ZIP CODE:	02140	
MANAGER: Dustin, Robert K TYI	PE OF LICENSE: Clu	b C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS 2 1/2 STORY WOOD FRAME STRUCT		INISHED BASEM	ENT	
I hereby certify and swear under penalties		INTOTILL DAGENI	LATI	
<ol> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	all laws of the Comn	nonwealth relating t		
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHON	E NUMBER:		R IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:  APPLICATION FOR RENEWAL MUST BE FILED BY I	ICENSEES DURING THE M	ONTH OF NOVEMBER (A	1 G L. Ch. 138 \$ 16	(5A)



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LICENSE NU	MBER: 016600044		CITY OR TOWN CA	MBRIDGE
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N	AME: ROYAL BHA	ARAT INC. THE		
DOING BUSI	NESS A INDIA PAV	/ILION		
ADDRESS 17	CENTRAL SQUAR	E		
CITY/TOWN	: CAMBRIDGE	STATE: MA	ZIP CODE: 02	2139
MANAGER:	SINGH, SUKHWINDER	TYPE OF LICENSE: R	Restaurant CATE	GORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
DINING ROC	OM AND KITCHEN (	ON FIRST FLOOR WIT	H CELLAR FOR STORA	GE
I hereby certif	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now lice	nsed;
2. the	licensee has complied	d with all laws of the Cor	nmonwealth relating to tax	es; and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY		artner or Authorized Cor	porate Officer	
DATE:	TELEF	PHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004,	, signed by the buildi	ng inspector and the he	the certificate required by ad of the fire department surance required by Cha	for the above
Please Check Bel	low:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				
APPLICATION FO	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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LICENSE NUMBER: 0	16600045		CITY OR T	OWN CAMBRID	OGE
APPLICATION FOR R	ENEWAL:	Annual	I	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: H	12 VENTURES IN	C.			
DOING BUSINESS A	PHATT BOYS				
ADDRESS 50 CHURC	H ST.				
CITY/TOWN: CAMB	RIDGE	STATE: M	A ZIP CO	DE: 02138	
MANAGER: HARTF SCOTT		E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	CASE ALSO VISIT OUR WEE	BSITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION OF LIC					
4 EXITS AND ENTRA DINING RM, CAFE DI OF DINING RM AND	INING AREA W/B	AR, KITCHEN	BATHROOM A	AND STORAGE A	
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of th	ne same type for	the same premise	es now licensed;	
2. the licensee l	has complied with a	all laws of the Co	ommonwealth rel	ating to taxes; and	
3. the premises	are now open for b	ousiness (If not e	xplain below)		
SIGNED BY	ndividual, Partner o	or Authorized Co	orporate Officer		
-		71 1 <b>14 1</b> 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
DATE:	TELEPHONE	NUMBER:	EMI	PLOYER IDENTIFICAT	TION NUMBER:
	TEEETHONE	TIOMBLE.	(Note: <u>N</u>	NOT Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	pector and the h	ead of the fire d	lepartment for the	above
Please Check Below:			LOCAL L	ICENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1		-		
			-		
DATE:					



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LICENSE NUMBER: 01	6600046		C	ITY OR TOV	WN	CAMBRID	GE	
APPLICATION FOR RE	ENEWAL:	Annu	al	LIC	CENSI	ED FOR 20	13	
		CLAS	SS			,	YEAR	
LICENSEE NAME: JF DOING BUSINESS A F	FIRE & ICE							
ADDRESS 50 CHURCH					_			
CITY/TOWN: CAMBE	RIDGE	STATE:	MA	ZIP CODE	3:	02138		
MANAGER: SCHALL	L, JOHN TYPE	OF LICENS	SE: Resta	urant	CA	TEGORY:	All Alcohol	
	SE ALSO VISIT OUR WEBS		YOUR EMAI	L ADDRESS				
TWO DINING ROOMS LOCATED ON FIRST F ELEVATOR IN DINING	INSIDE, LOUNGE FLOOR. EGRESS I	E WITH BA LOCATED						
2. the licensee h	icense will be of the as complied with al are now open for bu	e same type	for the sa	nwealth relati				
SIGNED BY	dividual, Partner or	· Authorized	Corpora	te Officer				
DATE:	TELEPHONE 1	NUMBER:					ON NUMBER:	
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building inspe	ector and th	e head o	f the fire dep	- partm	ent for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LIC	ENSII	NG AUTHO	ORITY	
DATE:								



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600047		CITY OR TOWN	CAMBRID	GE
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	CHURCH STREET	CREOLE CAFE IN	C.		
DOING BUSINESS	A BORDER CAFE				
ADDRESS 33 CHU	RCH STREET				
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: LOV	WE, RICHARD TYPE	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMISE	S:			
I hereby certify and	swear under penalties o	f perjury that:			
1. the renev	ved license will be of th	e same type for the	same premises now	licensed;	
2. the licens	see has complied with a	ll laws of the Comm	onwealth relating to	taxes; and	
3. the prem	ises are now open for bu	usiness (If not expla	in below)		
SIGNED BY	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the head	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aiii <i>)</i>				
DATE:					



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LICENSE NUMBER: 01660	0050	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENE	WAL: Annua	l LICEN	ISED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: SWEE	T LILY CORPORATION		
DOING BUSINESS A SPIC	E & RICE RESTAURANT		
ADDRESS 1172 CAMBRID	GE STREET		
CITY/TOWN: CAMBRIDO	GE STATE:	MA ZIP CODE:	02139
MANAGER: KRIDARATI VEERADEL	IKORN, TYPE OF LICENS	E:Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
DINING RM WITH SUSHI FL.(SWAPPING THE LOCA			S ON 1ST
I hereby certify and swear un	der penalties of perjury that	:	
1. the renewed licens	se will be of the same type f	or the same premises now	licensed;
2. the licensee has co	omplied with all laws of the	Commonwealth relating t	to taxes; and
3. the premises are n	now open for business (If no	t explain below)	
SIGNED BY			
Indivi	dual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: <u>NO1</u> Inc	dividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the c of 2010.	building inspector and the	e head of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		_	_



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600052		CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LANES & GAMES	INC.	
DOING BUSINESS A LANES AND GA	MES	
ADDRESS 195 CONCORD TRNPK		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02140
MANAGER: MARTIGNETTI,C. TYP ANTHONY	E OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	ES:	
DINING AREA/ LOUNGE, BOWLING I BOWLING LANES, STORAGE ON 1ST FL. NO CELLAR STORAGE.		
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of t	• 1	•
2. the licensee has complied with		_
3. the premises are now open for l	business (If not expla	in below)
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
122211011	21,01,1221	(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disapproved explain)		
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 016600055		CITY OR TOWN CAMB	RIDGE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NA	AME: KDDM LLC			
DOING BUSIN	NESS A TEN TABI	LES, CAMBRIDGE		
ADDRESS 5 C	CRAIGIE CIRCLE			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
	KRANYAK, KRISTA	TYPE OF LICENSE: Re	staurant CATEGOF	RY: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
	N OF LICENSED PI			
	M AND KITCHEN, TREET LEVEL	FRONT ENTRANCE AT	5 CRAIGIE STREET, REAF	R SERVICE
I hereby certify	and swear under pe	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for the	e same premises now licensed	;
2. the 1	icensee has complie	d with all laws of the Com	monwealth relating to taxes; a	and
3. the p	premises are now op	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIED	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004, s	signed by the build	ing inspector and the hea	ne certificate required by Ch d of the fire department for urance required by Chapter	the above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	Capitalii)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 016600057		CI	I Y OK TOW	N CAMBRII	JGE
APPLICATION FOI	R RENEWAL:	Annu	al	LICE	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME:	J. H. RESTAU	JRANT CAMBRII	OGE, LLC			
DOING BUSINESS	A JOHN HAR	VARD'S BREW H	OUSE			
ADDRESS 33 DUN	STER ST					
CITY/TOWN: CAN	MBRIDGE	STATE:	MA	ZIP CODE:	02138	
MANAGER: Steer	ı, Sawyer	TYPE OF LICEN	SE: Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:				
TWO DINING ROC ALL BASEMENT L		TION ROOM, ON	E BAR, O	NE SALAD B	SAR, TWO OF	FICES,
I hereby certify and s	swear under pen	alties of perjury tha	ıt:			
1. the renew	ed license will by	be of the same type	for the san	ne premises no	ow licensed;	
2. the licens	ee has complied	with all laws of the	e Common	wealth relatin	g to taxes; and	
3. the premi	ses are now ope	n for business (If no	ot explain b	pelow)		
SIGNED BY	Individual Pa	urtner or Authorized	l Corporate	e Officer		
	11101 / 100011, 1 0		, corporate	0111001		
DATE:	TEI ED	HONE NUMBER:		EMPLOY	'ER IDENTIFICA'	TION NUMBER:
	I EEEI .	HONE NOMBER.			Individual Social	
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	ng inspector and tl	ne head of	the fire depa	rtment for the	e above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			F	By:		
DISAPPROVED:						
(If disapproved expla	aın)		-			
			_			
DATE:			-			
DAIL.			_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600058		CITY OR TOWN CAMB	RIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: TOMOLLY, IN	C.		
DOING BUSINESS A CHARLIE'S K	ITCHEN/THE RED HO	USE RESTAURANT	
ADDRESS 10 ELIOT ST			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: OVERGANG, PAULT	YPE OF LICENSE: Rest	caurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
THREE DINING ROOMS,BAR, LOU AND RESTROOMS ON THE FIRST ESTABLISHMENT FOR SERVICE O AND RESTROOMS ON THE SECON	FLOOR. SIDEWALK SIDE FOOD WITH ALCOH	EATING IN FRONT OF HOL. THREE DINING RO	OMS,BAR,
I hereby certify and swear under penalt	1 0 0		
1. the renewed license will be	• 1	•	
2. the licensee has complied w		•	and
3. the premises are now open f	or business (ii not expia	iii below)	
SIGNED BY			
	ner or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIF	
		(Note: NOT Individual Soc	cial Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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LICENSE NUMBER	:016600059		CITY OR	TOWN	CAMBRID	GE
APPLICATION FOR	RENEWAL:	Annual		LICENS	ED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	242 INCORPOR	ATED				
DOING BUSINESS A	A CAMBRIDGE	I				
ADDRESS 027-29 C	HURCH STREET					
CITY/TOWN: CAM	IBRIDGE	STATE: N	MA ZIP C	CODE:	02138	
MANAGER: CURT MAT	TIS, TY	YPE OF LICENSE	E:Restaurant	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	3		
DESCRIPTION OF I						
DINING ROOM ON MEZZANINE FOR S				STANDIN	G, KITCHI	EN,
I hereby certify and sv	wear under penalti	es of perjury that:				
1. the renewe	ed license will be o	of the same type fo	r the same pren	nises now 1	icensed;	
2. the license	e has complied wi	th all laws of the C	Commonwealth	relating to	taxes; and	
3. the premis	es are now open fo	or business (If not	explain below)			
SIGNED BY						
	Individual, Partn	er or Authorized C	Corporate Office	er		
DATE:	TELEPHO	NE NUMBER:				ION NUMBER:
			(Note	: <u>NOT</u> Indiv	idual Social S	ecurity Number)
We the undersigned Acts of 2004, signed named license and ( of 2010.	by the building i	nspector and the	head of the fir	e departm	ent for the	above
Please Check Below:			LOCAL	LICENSI	NG AUTHO	ORITY
APPROVED:	$\neg$		By:			
DISAPPROVED: (If disapproved expla	 in)					
(11 disappioved expla	ui <i>)</i>					_
DATE:						



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LICENSE NUMBE	R: 016600060		CITY OR TOWN CAMBI	RIDGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: Crazy Dough Harv	vard LLC		
DOING BUSINESS	S A Crazy Dough's P:	izza Company		
ADDRESS 36 JOH	N F. KENNEDY ST.			
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: FER	RRIMAN, DOUG TY	PE OF LICENSE: Re	estaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
DINING ROOM, K	ITCHEN AND STO	RAGE ON FIRST FI	LOOR LEVEL.	
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renev	wed license will be of	the same type for the	e same premises now licensed;	
2. the licens	see has complied with	h all laws of the Com	monwealth relating to taxes; ar	nd
3. the prem	ises are now open for	r business (If not exp!	lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Acts of 2004, signe	ed by the building in	spector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 2	the above
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVED:	1)			
(If disapproved expl	iaiii)			
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY I	LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)16600069		CITY OR TOWN	N CAMBRID	)GE
APPLICATION FOR F	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (	COMMANDER P	ROPERTIES INC			
DOING BUSINESS A	SHERATION CO	OMMANDER HOTE	L		
ADDRESS 12-14- 16 (	GARDEN STREE	Т			
CITY/TOWN: CAME	BRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: GULES EDWA		PE OF LICENSE:Inn	holder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LI					
6 SLEEPING FLOORS ON 5TH AND 6TH FL WITH CELLAR FOR	RS WITH MAIN	LOBBY, COCKTAIL	L LOUNGE AND	8 DINING RO	OOMS
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises no	w licensed;	
2. the licensee	has complied with	all laws of the Comn	nonwealth relating	to taxes; and	
3. the premises	s are now open for	business (If not expla	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building in	spector and the head	of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain	,				
DATE:					



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LICENSE NUM	MBER: 016600070		CITY OR TOWN	CAMBRIDO	GE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 201	13
		CLASS		Y	/EAR
	ME: CORAZON INC. SESS A GREEN STREET				
ADDRESS 280	GREEN ST				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER:	BLACK, DYLAN TYPI	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEI		MAIL ADDRESS		
1ST FLOOR EN	OF LICENSED PREMISINTRANCE INTO BAR ATEN IS PAST EXIT FROM EET IS JUST BEFORE RECE AND EXIT	C 280 GREEN ST EI DINING ROOM AT	THE END OF TH	E BAR. UPST	CAIRS
<ol> <li>the r</li> <li>the l</li> </ol>	and swear under penalties of enewed license will be of the icensee has complied with a premises are now open for b	he same type for the all laws of the Comm	nonwealth relating to		
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:		LIDENTIFICATION IN THE PROPERTY OF THE PROPERT	
Acts of 2004, s	signed, attest that we are i signed by the building insp and (2) the certificate of l	pector and the head	l of the fire departi	nent for the a	bove
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	ING AUTHO	RITY
DATE:					



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LICENSE NU	MBER: 016600071		CITY OR TOWN CAMB	RIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N.	AME: GREEK AME	RICAN POLITICAL CL	UB OF MA.,INC.	
DOING BUSI	NESS A			
ADDRESS 28	8 GREEN ST			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	DALAMANGAS, NICHOLAS	TYPE OF LICENSE: Res	staurant CATEGOI	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
			OOM AND 2 SMALL ROOM 2 SMALL ROOMS. NO CEI	
	y and swear under pen			
1. the	renewed license will b	be of the same type for the	same premises now licensed	,
2. the	licensee has complied	with all laws of the Comr	nonwealth relating to taxes; a	and
3. the	premises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Ch d of the fire department for arance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THODITY
APPROVED:			By:	THORITI
DISAPPROVI			,	
(If disapproved	d explain)			
DATE:				
····.				



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LICENSE NUMBER	R: 016600073		CITY OR '	ГОWN	CAMBRIL	)GE
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	KHUSH ENTE	ERPRISES, INC.				
DOING BUSINESS	A DESI DHAB	A				
ADDRESS 401 MA	SSACHUSETTS	AVE.				
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CC	DDE:	02139	
MANAGER: ANI	L, KUMAR	TYPE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:		-				
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PRE	EMISES:				
1ST. FL. PREMISES MASS, AVE, REAR		& KITCHEN, BASEM LUDE A PATIO	ENT STO- RA	AGE, FF	RONT ENTR	ANCE
I hereby certify and	swear under pena	lties of perjury that:				
1. the renew	ed license will be	e of the same type for the	ne same premi	ses now	licensed;	
2. the licens	ee has complied	with all laws of the Cor	nmonwealth re	elating t	o taxes; and	
3. the premi	ses are now open	for business (If not ex	plain below)			
SIGNED BY	Individual Par	tner or Authorized Cor	norate Officer			
	mar vicual, i ai	ther of Hadionized Cor	porate officer			
DATE:	TEI EPE	IONE NUMBER:	EM	1PLOYEI	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEET I	IOI LE I VOI IDEIX.	(Note:	NOT Inc	dividual Social S	Security Number)
Acts of 2004, signe	d by the building	are in possession (1) of ginspector and the he	ad of the fire	depart	ment for the	above
Please Check Below:			LOCAL I	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [ (If disapproved explain	 ain)					
(ii disupproved expir	/					
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVI	EMBER (N	1.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0160	500074		CITY OR TOWN CAMBRIL	)GE
APPLICATION FOR REN	JEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME: E.L.	G. VENTURES,	INC.		
DOING BUSINESS A OI	LEANA			
ADDRESS 134 HAMPSH	IRE ST			
CITY/TOWN: CAMBRII	DGE	STATE: MA	ZIP CODE: 02139	
MANAGER: GRIFFIN,	GARY D. TYPE	OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE	ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICEN	NSED PREMISES	S:		
	ATHROOMS. OU	JTSIDE PATIO,4	AR AREA 4 TABLES, 11 SEATS O SEASONAL SEATS TO BE T NTRANCES AND EXITS	
I hereby certify and swear	under penalties of	perjury that:		
1. the renewed lice	ense will be of the	same type for the	same premises now licensed;	
2. the licensee has	complied with all	laws of the Comr	nonwealth relating to taxes; and	
3. the premises are	e now open for bu	siness (If not expla	ain below)	
SIGNED BY Indi	ividual, Partner or	Authorized Corpo	orate Officer	
	,,			
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
	122211101121	(CIVID DI	(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by the	he building inspe	ctor and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMBER:	016600075		CITY OR TOWN CAMBE	RIDGE
APPLICATION FOR 1	RENEWAL:	Annual	LICENSED FOR	. 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A		CIATES, INC		
ADDRESS 212 HAMI	PSHIRE ST			
CITY/TOWN: CAMI	BRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: MITCH T	HELL, GARY TYPE (	OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LI				
FIRST FLOOR; KITC AREA; BASEMENT I		DINING AREA.	2ND FLR; LOUNGE AND I	DINING
I hereby certify and sw	ear under penalties of	perjury that:		
1. the renewed	l license will be of the	same type for the	same premises now licensed;	
2. the licensee	has complied with all	laws of the Comm	nonwealth relating to taxes; ar	nd
3. the premise	s are now open for bus	siness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	IUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004, signed l	by the building inspec	ctor and the head	e certificate required by Cha of the fire department for t rance required by Chapter 1	the above
Please Check Below: APPROVED:			LOCAL LICENSING AUT	THORITY
DISAPPROVED:	7		By:	
(If disapproved explain	ı)			
	•			
DATE:				



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LICENSE NUMBE	ER: 016600077		CITY OR TOWN	CAMBRID	GE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME	E: CHECKRAISE LLC				
DOING BUSINES	S A LORD HOBO				
ADDRESS 92-92A	A HAMPSHIRE ST				
CITY/TOWN: CA	AMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: LA	NIGAN, TYPE	OF LICENSE: Rest	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:	-			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		
	F LICENSED PREMISE				
	S, ONE BAR WITH 15 S TTH 8 STOOLS. CELLA			IGHTOP TAI	BLE ON
I hereby certify and	l swear under penalties of	f perjury that:			
1. the rene	wed license will be of the	e same type for the	same premises now	licensed;	
	nsee has complied with al		•	to taxes; and	
3. the pren	nises are now open for bu	ısiness (If not expla	in below)		
SIGNED BY	Individual, Partner or	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICATI	ION NUMBER:
	TEEL HOLLE	i (OMBER.	(Note: NOT Inc	dividual Social Se	ecurity Number)
We the undersion	ned, attest that we are in	nossession (1) the	certificate requir	ed by Chante	or 304 of the
Acts of 2004, sign	ed by the building inspe	ector and the head	of the fire depart	ment for the	above
named license and of 2010.	d (2) the certificate of lie	quor liability insur	rance required by	Chapter 116	of the Acts
Please Check Below:			LOGAL LIGEN		ND ITTL
APPROVED:	]		LOCAL LICENS By:	SING AUTHO	DRITY
DISAPPROVED:			Dy.		
(If disapproved exp	olain)				
DATE:					
	EWAL MIGHT DE EW EN SYLVEN	ENGERG DUDAYS TWO	NAME OF NOVE AND A	1 CL CL 120 # 1 -	
APPLICATION FOR REN	EWAL MUST BE FILED BY LICE	ENSEES DURING THE MC	JN IH OF NOVEMBER (N	л.G.L. Ch. 138 \$ 16	A)



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	CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: DANTE ALIGHIERI SOCIETY O DOING BUSINESS A ADDRESS 41 HAMPSHIRE ST.	OF MASS. INC.
CITY/TOWN: CAMBRIDGE STATE:	MA ZIP CODE: 02139
MANAGER: SCALA, FRANK M. TYPE OF LICENS	
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
LOUNGE, AUDITORIUM, KITCHEN AND OFFICE ON CLASSROOMS AND OFFICE ON SECOND FLOOR	N 1ST FLOOR AND LIBRARY,FIVE
I hereby certify and swear under penalties of perjury that:	:
1. the renewed license will be of the same type for	or the same premises now licensed;
2. the licensee has complied with all laws of the	-
3. the premises are now open for business (If not	t explain below)
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession ( Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	(Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below:	(Note: <u>NOT</u> Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBER: 016600080		CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: AMELIA'S T	RATTORIA II,LLC	
DOING BUSINESS A AMELIA'S	TRATTORIA	
ADDRESS 111-113 HARVARD S	JT	
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139
MANAGER: SUSI, DELIO JR.	TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PR	REMISES:	
	ONAL OUTDOOR SEATIN	AREA ON STREET FLOOR WITH G WITH 36 SEATS, 20 ON PUBLIC ICE OF FOOD AND ALCOHOL
I hereby certify and swear under per		
•		same premises now licensed;
2. the licensee has complie	d with all laws of the Comm	onwealth relating to taxes; and
3. the premises are now op	en for business (If not expla-	in below)
SIGNED BY		
Individual, P	Partner or Authorized Corpor	rate Officer
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildi	ing inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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LICENSE NUMBER: 016600	0083	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENE	WAL: Annual	LICEN	ISED FOR 2013
	CLASS	3	YEAR
LICENSEE NAME: SAND	RINE'S LIMITED LIABILI	TY COMPANY	
DOING BUSINESS A SAN	DRINE'S BISTRO		
ADDRESS 8 HOLYOKE ST	1		
CITY/TOWN: CAMBRIDO	SE STATE:	MA ZIP CODE:	02138
MANAGER: TROST, GWYNETH	TYPE OF LICENSI	E:Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
RESTAURANT/DINING AF CONSISTS OF FUNCTION			
I hereby certify and swear un-	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for	or the same premises now	v licensed;
2. the licensee has co	omplied with all laws of the	Commonwealth relating	to taxes; and
3. the premises are n	ow open for business (If not	explain below)	
SIGNED BY			
Individ	dual, Partner or Authorized (	Corporate Officer	
DATE:	ΓELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: <u>NO1</u> In	dividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the c of 2010.	building inspector and the	head of the fire depart	ment for the above
Please Check Below:		LOCAL LICEN	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 016600085		CITY OR TOWN CAMBR	IDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: UPSTAIRS ON	THE SQUARE LLC		
DOING BUSI	NESS A			
ADDRESS 91	WINTHROP ST			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER:	DEIBEL, MARY CATHERINE	ГҮРЕ OF LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PRE			
AND KITCHE	EN; MEZZANINE WIT		ISTS OF LOUNGE, DINING DROOF TERRAC SECOND I OOR KITCHEN.	
I hereby certify	and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed;	
			nonwealth relating to taxes; and	d
3. the	premises are now open	for business (If not expla	ain below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Social	l Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Cha l of the fire department for tl rance required by Chapter 1	he above
Please Check Belo	OW:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:			-	



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LICENSE NUMBER: 016600086	CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MOUNT AUBURN MEMORIAL POS DOING BUSINESS A MT AUBURN V F W POST # 8818	ST #8818 VFW OF THE US
ADDRESS 688 HURON AVE	
CITY/TOWN: CAMBRIDGE STATE: MA	ZIP CODE: 02138
MANAGER: ROCCA, JOHN T. TYPE OF LICENSE: Vo	eterans club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:  BASEMENT; CONFERENCE ROOM AND KITCHEN. FIRELOBBY, KITCHEN, AUDITORIUM AND BAR. CELLAR; SCOCKTAIL LOUNGE, TV ROOM, CARD ROOM TWO FITCHEN, 3 OFFICES ON ONE LEVEL WITH TWO ATT I hereby certify and swear under penalties of perjury that:  1. The represed license will be of the same type for the	TORAGE,ONE LARGE ROOM AS A HALLS, TWO BARS, 2 BATHROOMS, FACHED DECKS AT THE REAR
1. the renewed license will be of the same type for the	_
<ul><li>2. the licensee has complied with all laws of the Com</li><li>3. the premises are now open for business (If not exp</li></ul>	•
SIGNED BY Individual, Partner or Authorized Corp	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.	nd of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUMBE	ER: 016600087		CITY OR TOWN CAMBR	IDGE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 147 HU		CCINELLA, INC		
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: OL	IVA, GIOVANNI TY	PE OF LICENSE: Re	estaurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS	<b>:</b>			
KITCHEN AND D I hereby certify and 1. the rene 2. the licen	F LICENSED PREMINING ROOM ON Factor of the swear under penalties wed license will be of	IRST FLOOR. 14 SE s of perjury that: the same type for the n all laws of the Com	EATS AS AN OUTSIDE PATI e same premises now licensed; monwealth relating to taxes; an	
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004, sign	ed by the building in	spector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] 		LOCAL LICENSING AUT By:	THORITY
DATE:				
APPLICATION FOR RENI	EWAL MUST BE FILED BY I	JCENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMBER	R: 016600088		CITY OR TOWN	N CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 92 WIN	THROP STREET				
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: BIKI	RAM, YONJAN TY	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
STAIRCASE INSID TWO ACCESSIBLE STAIRCASE INSID	E THE PREMISE ' E BATHROOMS. 2 E PREMISE TO 15	ND INGRESS FROM TO THE SECOND F ND FLR, INGRESS ST FLOOR,KITCHE rinthrop st and 36 sea	LOOR. LOUNGE V AND EGRESS FRO N,OFFICE,DININC	WITH A BAR OM MALL AN G ROOM Outo	AND ND door
I hereby certify and	swear under penalti	es of perjury that:			
1. the renew	red license will be o	of the same type for the	e same premises no	w licensed;	
2. the licens	ee has complied wi	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the premi	ses are now open for	or business (If not exp	olain below)		
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building i	re in possession (1) t nspector and the he of liquor liability ins	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					



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LICENSE NUI	MBER: 016600089		CITY OR TOWN	CAMBRID	GE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: KIRIE, INC.				
DOING BUSIN	NESS A SHAYS PUB &	WINE BAR			
ADDRESS 58	J.F. KENNEDY ST.				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER:	KOVACS, TY ROSALINE S.	PE OF LICENSE: Res	staurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMI	SES:			
	M AND KITCHEN ON F N; FOOD WILL BE SER				
I hereby certify	and swear under penaltie	s of perjury that:			
1. the	renewed license will be of	the same type for the	same premises now	licensed;	
2. the	licensee has complied with	h all laws of the Comr	nonwealth relating to	o taxes; and	
3. the	premises are now open for	r business (If not expla	ain below)		
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:					
DATE.	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
			(1 vote) <u>1 vo 1</u> mio	arviduai Bociai Bo	cearity (validet)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate o	spector and the head	l of the fire departi	ment for the	above
Please Check Belo	DW:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE	ED:		·		
(If disapproved	l explain)				
D. 4 575					
DATE:					



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LICENSE NUMBER	:016600090		CITY OR T	OWN	CAMBRIL	)GE
APPLICATION FOR	RENEWAL:	Annual	]	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	RUTU, INC.					
DOING BUSINESS	A TANJORE					
ADDRESS 18 ELIO	Γ STREET					
CITY/TOWN: CAM	IBRIDGE	STATE: M.	A ZIP CO	DE:	02138	
MANAGER: SING	H, HARNEK T	YPE OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF I						
DINING ROOM, BA THE BLDG	R AND KITCHE	N LOCATED ON F.	IRST FLOOR E	ENTRA	NCE AT FR	ONT OF
I hereby certify and sy	wear under penalti	ies of perjury that:				
1. the renewe	ed license will be o	of the same type for t	the same premis	es now	licensed;	
	•	ith all laws of the Co		lating to	taxes; and	
3. the premis	es are now open fo	or business (If not ex	(plain below)			
SIGNED BY	Individual, Partn	ner or Authorized Co	rporate Officer			
			-			
DATE:	TEI EPHC	ONE NUMBER:	EM	PLOYER	IDENTIFICAT	TON NUMBER:
	TEEETIO	AL IVONIBLIC	(Note: <u>I</u>	NOT Ind	ividual Social S	Security Number)
We the understance	Lattagt that was	ma in magaagian (1)	the contificate		d by Chant	or 204 of the
We the undersigned Acts of 2004, signed						
named license and ( of 2010.	2) the certificate	of liquor liability ir	nsurance requi	red by	Chapter 116	of the Acts
Please Check Below:			LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ın)		-			
DATE:			-			
APPLICATION FOR RENEW	'AL MUST BE FILED BY	Y LICENSEES DURING TH	E MONTH OF NOVE	MBER (M	.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600091		CITY OR TOWN	CAMBRID	OGE
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	NSED FOR 20	O13 YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 36 J.F.F.					
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: LE,	DUYEN VAN TY	PE OF LICENSE: Re	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMI	SES:			
DINING ROOM,K	ITCHEN,STORERO	OM ON FIRST FLO	OR		
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penalties wed license will be of see has complied with isses are now open for	the same type for the all laws of the Com	monwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:			TION NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the hea	d of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMB	EK: 016600092		CITY OR TOWN CAMBRI	DGE
APPLICATION F	OR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAM	E: WHITNEY'	S CAFE, INC.		
DOING BUSINES	SS A			
ADDRESS 37 J.F	KENNEDY ST			
CITY/TOWN: C	AMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: HI	ENAGHAN, DHN C.	TYPE OF LICENSE: R	estaurant CATEGORY:	: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION C	F LICENSED P	REMISES:		
DINING ROOM	AND KITCHEN	ON STREET FLOOR W	ITH CELLAR FOR STORAGE	
I hereby certify an	d swear under pe	enalties of perjury that:		
1. the ren	ewed license will	l be of the same type for the	ne same premises now licensed;	
2. the lice	ensee has complie	ed with all laws of the Cor	nmonwealth relating to taxes; and	
3. the pre	mises are now op	en for business (If not exp	plain below)	
SIGNED BY  DATE:		Partner or Authorized Cor PHONE NUMBER:	porate Officer  EMPLOYER IDENTIFICA	TION NUMBER:
	TEEL	THORE NOWDER.	(Note: NOT Individual Social	
Acts of 2004, sign	ned by the build	ling inspector and the he	the certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:	nloin)			
(If disapproved ex	.piaiii)			
DATE:				
	NEWAL MICT DE EU	ED DV I ICENSEES DIDING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	164)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600093		CITYO	K IOWN	CAMBRII	JGE
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 50 J.F.KI		ATION				
CITY/TOWN: CAN		CTATE. MA	ZID	CODE.	02120	
		STATE: MA		CODE:	02138	
	JSHUADEWIXTYPE MKIAT	OF LICENSE: Re	staurant	(	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRES	SS		
	LICENSED PREMISE					
KITCHEN, 2 DININ	G ROOMS AND STO	RAGE ROOM IN	BASEME	ENT LEV	EL	
I hereby certify and s	wear under penalties of	f perjury that:				
	ed license will be of the	* *	•			
	ee has complied with al			·	to taxes; and	
3. the premis	ses are now open for bu	ısiness (If not expl	ain below	)		
SIGNED BY	Individual, Partner or	r Authorized Corpe	orate Offic	cer		
DATE:	TELEDIONE	NUR (DED		EMDI OVI	ED IDENTIFICA	TION NUMBER:
211121	TELEPHONE	NUMBEK:				Security Number)
Acts of 2004, signed	l, attest that we are in by the building inspe 2) the certificate of lie	ector and the hea	d of the fi	re depar	tment for the	e above
Please Check Below:			LOCA	L LICEN	SING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	in)					
	111)					
	iii)					



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LICENSE NUMBER: 016	5600095		CITY OR TOWN	CAMBRIDO	θE
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	'EAR
LICENSEE NAME: TH	IIRD STREET ASSC	CIATES INC			
DOING BUSINESS A R	USSELL HOUSE TA	AVERN			
ADDRESS 14 JOHN F.	KENNEDY				
CITY/TOWN: CAMBR	IDGE S	STATE: MA	ZIP CODE:	02138	
MANAGER: LEE, PET	TYPE O	F LICENSE: F	destaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITE	AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE					
STREET LEVEL PREMI SEATING AREA AND I SERVICE STATION,DIN SEATS ON PATIO	HOSTESS STATION	I. LOWER LE	VEL: PREP/SERVIC	E KITCHEN	
I hereby certify and swear	under penalties of pe	erjury that:			
			ne same premises now		
	=		nmonwealth relating t	o taxes; and	
3. the premises an	re now open for busin	ness (If not ex	plain below)		
SIGNED BY	lividual, Partner or A	uthorized Cor	porate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLOYER	R IDENTIFICATIO	ON NUMBER:
			(Note: NOT Inc	dividual Social Sec	curity Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspect	or and the he	ad of the fire depart	ment for the a	bove
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: [					
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 0166000	96	CITY OR TOWN CAMBI	RIDGE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: UNO RE	STAURANTS LLC		
DOING BUSINESS A UNO C	HICAGO GRILL		
ADDRESS 22 JOHN F.KENN	EDY ST		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: CARNEVALE, THOMAS	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	O PREMISES:		
1ST FLOOR HAS BAR & LOUFULL DINING ROOM W/SRV			FL. HAS
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed;	
2. the licensee has com	plied with all laws of the Com	monwealth relating to taxes; ar	nd
3. the premises are nov	v open for business (If not exp	lain below)	
SIGNED BY			
Individu	al, Partner or Authorized Corp	orate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Soci	al Security Number)
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	uilding inspector and the hea	d of the fire department for t	the above
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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LICENSE NUN	MBER: 016600097		CITY OR TOWN CAMBR	IDGE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 1 K		NY'S, INC		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	ADAMS, JOHN M TYP	PE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREMIS			
BILLIARD RO AND PATIO	OOM, LOUNGE AND KIT	CHEN, PATIO, INC	REASE IN SEATING IN LO	UNGE
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of	the same type for the	same premises now licensed;	
2. the l	licensee has complied with	all laws of the Comm	nonwealth relating to taxes; an	d
3. the j	premises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, s	signed by the building ins	spector and the head	certificate required by Cha of the fire department for t rance required by Chapter 1	he above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
( alsapprovou	<u>-</u> /			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMBER: 016600100		CITY OR TOWN CAMBRI	DGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NEW SALTS, INC			
DOING BUSINESS A SALTS RESTAU	JRANT		
ADDRESS 798 MAIN ST			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: BREMER, TYI GABRIEL	PE OF LICENSE: Rest	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:	-		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	<u></u>
DESCRIPTION OF LICENSED PREMIS	SES:		
DINING ROOM AND KITCHEN ON FIBASEMENT INCLUDING A WINE RO			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the s	same premises now licensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating to taxes; and	l
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY			
Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire department for th	ie above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMI	BER: 016600101		CITY OR TOWN CA	AMBRIDGE
APPLICATION I	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAM	Æ: CUCHI CUCHI	LIMITED		
DOING BUSINE	ESS A CUCHI CUCH	П		
ADDRESS 795 N	MAIN ST			
CITY/TOWN: (	CAMBRIDGE	STATE: MA	ZIP CODE: 02	2139
MANAGER: D		YPE OF LICENSE:R	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O	OF LICENSED PREM	MISES:		
DINING AREA,	KITCHEN ON FIRS'	T FLOOR; OFFICE A	ND STORAGE IN BASE	EMENT
I hereby certify an	nd swear under penalt	ies of perjury that:		
1. the ren	newed license will be	of the same type for th	ne same premises now lice	nsed;
2. the lic	ensee has complied w	rith all laws of the Con	nmonwealth relating to tax	kes; and
3. the pro	emises are now open f	for business (If not exp	plain below)	
SIGNED BY	Individual, Partı	ner or Authorized Corp	porate Officer	
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: nal Social Security Number)
Acts of 2004, sig	gned by the building	inspector and the hea	he certificate required b ad of the fire departmen surance required by Cha	t for the above
Please Check Below:	·		LOCAL LICENSING	3 AUTHORITY
APPROVED:			By:	
DISAPPROVED	<u> </u>			
(If disapproved ex	spiaiii)			
DATE:				
APPLICATION FOR RE	ENEWAL MUST BE FILED B	Y LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600102		CITY OR TOWN	CAMBRIDGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CRAIGIE BISTRO	T, LLC		
DOING BUSINESS	A CRAIGIE ON MA	AIN		
ADDRESS 853-63 1	MAIN ST & 8 BISHO	)P		
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02139
MANAGER: MAY	WS, ANTHONY TYP	E OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
DINING ROOM,BA SEATS BANKED)	AR,KITCHEN ON FII	RST FLOOR, WAI	LK-IN COOL- ERS II	N BASEMENT. (75
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for th	e same premises now	licensed;
2. the licens	see has complied with	all laws of the Con	nmonwealth relating t	o taxes; and
3. the premi	ises are now open for	business (If not exp	olain below)	
SIGNED BY	In P. 14 of Dominion		OSC	
	Individual, Partner	or Authorized Corp	orate Officer	
DATE				
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note. NOT Inc	dividual Social Security Number)
Acts of 2004, signe	d by the building ins	pector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
DATE.				



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LICENSE NUMBER	R: 016600103		CITY OR TOWN CA	AMBRIDGE
APPLICATION FOI	R RENEWAL:	Annual	LICENSEL	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	L.C.W. ASSOCIA	ATES INC.		
DOING BUSINESS	A ROYAL EAST	RESTAURANT		
ADDRESS 782-92 N	MAIN ST.			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE: 0	2139
MANAGER: WO	NG, DANIEL K. TY	PE OF LICENSE: Re	estaurant CATE	EGORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
2 DINING ROOMS,	2 KITCHENS,2 FC	YER AREAS ON FI	RST FLR	
I hereby certify and s	swear under penaltie	es of perjury that:		
1. the renew	ed license will be of	f the same type for the	e same premises now lice	ensed;
2. the licens	ee has complied wit	h all laws of the Com	monwealth relating to tax	xes; and
3. the premi	ses are now open fo	or business (If not exp	lain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHOI	NE NUMBER:		ENTIFICATION NUMBER:
Acts of 2004, signed	d by the building in	nspector and the hea	ne certificate required be d of the fire departmen urance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	aın)			
DATE:				
ADDI ICATION EOD DENEY	WAL MIIST BE EILED DV	LICENSEES DUDING TUE	MONTH OF NOVEMBER (M.G.L.	Ch 138 \$ 16A)
ALLECATION FOR RENEV	AUT MICST DE LITED BI	PICEUSEES DOKING THE I	TOTALLI OLUNO A EMIDEK (M.C.L.	CII. 130 \$ 10A)



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LICENSE NU	MBER: 016600104		CITY OR TOWN CAME	RIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: BERTUCCI'S	RESTAURANT COR	Р.	
DOING BUSI	NESS A BERTUCCI	'S BRICK OVEN RISTO	ORANTE	
ADDRESS 79	9- MAIN ST.			
CITY/TOWN	: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	DASILVA, CHERYL	TYPE OF LICENSE: R	Restaurant CATEGO	RY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
DINING ARE	EA AND KITCHEN O	N FIRST FLOOR. BAS	EMENT FOR STORAGE	
I hereby certif	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	ne same premises now licensed	;
2. the	licensee has complied	with all laws of the Cor	mmonwealth relating to taxes;	and
3. the	premises are now ope	n for business (If not exp	plain below)	
SIGNED BY		artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	, signed by the buildir	ng inspector and the he	the certificate required by Cl ad of the fire department for surance required by Chapter	the above
Please Check Bel	low:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
			-	
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILEI	O BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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LICENSE NUMBI	2K: 010000100		CITY OR TOWN	CAMBRIL	JGE
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: LEAMIL CORP	ORATION			
DOING BUSINES	S A FIRST PRINT	ER RESTAURANT B	AR AND GRILL		
ADDRESS					
CITY/TOWN: CA	AMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: LE	AHY, JESSICA T	YPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION O	F LICENSED PREM	MISES:			
	SAR WITH FOOD V OR AND CELLAR F	WARMING AREA,2 O FOR STORAGE	FFICES AND REC	CREATION A	REA ON
I hereby certify and	l swear under penalt	ies of perjury that:			
1. the rene	wed license will be	of the same type for the	e same premises no	w licensed;	
2. the licer	nsee has complied w	rith all laws of the Com	monwealth relating	to taxes; and	
3. the pren	nises are now open f	For business (If not expl	ain below)		
SIGNED BY	Individual, Partı	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed by the building	nre in possession (1) the inspector and the hea of liquor liability insu	d of the fire depar	tment for the	above
Please Check Below:	_		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	 nlain)				
(11 disappioved exp	,iuiii)				
DATE					
DATE:					
APPLICATION FOR REN	EWAL MUST BE FILED B	Y LICENSEES DURING THE M	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER:	: 016600107		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	MYKONOS FAIR I	INC.			
DOING BUSINESS A	A ZOE'S KITCHEN				
ADDRESS 1105 MA	SS AVE				
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: VALI	AS, TYPI OPHILLOS	E OF LICENSE:Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
DINING ROOM,KIT WITH TWO REAR E			EA OFF KITCHEN FRANCES	ON LOWER	LEVEL
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	ed license will be of the	he same type for the	e same premises now	licensed;	
2. the license	e has complied with a	all laws of the Com	monwealth relating to	taxes; and	
3. the premise	es are now open for b	ousiness (If not expl	lain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building insp	pector and the hea	d of the fire departi	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
					<del></del> ,
DATE:					<del></del>



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600108		CITY OR	TOWN	CAMBRID	GE
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	MIGHTY TOAD , LI	LC				
DOING BUSINESS	A WEST SIDE LOUN	IGE				
ADDRESS 1680 M	ASS AVE					
CITY/TOWN: CA	MBRIDGE	STATE: M	A ZIP CO	DDE:	02138	
	RISTOPHER, L. TYPE ARLES JR.	OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	UR EMAIL ADDRESS			ı
DESCRIPTION OF	LICENSED PREMISE	S:				
	TITH BAR AND KITC L ALONG WITH BAT				OR AND ST	ORAGE
I hereby certify and	swear under penalties of	f perjury that:				
	ved license will be of the	• •	-			
	see has complied with al			elating to	taxes; and	
3. the premi	ises are now open for bu	isiness (If not e	xplain below)			
CICNED DV						
SIGNED BY	Individual, Partner or	· Authorized Co	orporate Officer	•		
DATE:	TELEPHONE 1	NUMBER:	EM	MPLOYER	IDENTIFICAT	ION NUMBER:
			(Note:	NOT Indi	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lie	ector and the h	ead of the fire	departn	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aiii <i>)</i>					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:016600109		CITY OR TOWN	CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A SPICE	OBAL CORPORAT	ION		
ADDRESS 24 HOL	YOKE STREET				
CITY/TOWN: CAI	MBRIDGE	STATE: MA	ZIP CODE:	02138	
	BACHANDRA, TY PALINEE	PE OF LICENSE: F	Restaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF				. CT	
			CELLAR FOR STOR	AGE	
I hereby certify and s	-		ne same premises nov	v licensed:	
			nmonwealth relating		
	•	r business (If not ex	_		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
	1 -444414				
	d by the building in	nspector and the he	the certificate requinad of the fire depart surance required by	ment for the	above
named license and	d by the building in	nspector and the he	ad of the fire depart	ment for the Chapter 116	above of the Acts
named license and of 2010.  Please Check Below: APPROVED:	d by the building in	nspector and the he	ad of the fire depart surance required by	ment for the Chapter 116	above of the Acts
named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d by the building in (2) the certificate of	nspector and the he	ad of the fire depar surance required by LOCAL LICEN	ment for the Chapter 116	above of the Acts
named license and of 2010.  Please Check Below: APPROVED:	d by the building in (2) the certificate of	nspector and the he	ad of the fire depar surance required by LOCAL LICEN	ment for the Chapter 116	above of the Acts
named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d by the building in (2) the certificate of	nspector and the he	ad of the fire depar surance required by LOCAL LICEN	ment for the Chapter 116	above of the Acts



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LICENSE NUMBE	ER: 016600110		CITY OR TOWN CAMBRII	DGE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME	E: GUHANIA COR	PORATION		
DOING BUSINESS	S A PASSAGE TO	INDIA		
ADDRESS 1900 M	IASS AVE.			
CITY/TOWN: CA	AMBRIDGE	STATE: MA	ZIP CODE: 02140	
MANAGER: SIN	IGH, NARINDERTY	YPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	F LICENSED PREM			
APPROX 1300 SQ		ROOM AND KITCHEN	N WITH BASEMENT THERE	UNDER;
_	swear under penaltic	es of perjury that:		
1. the rene	wed license will be o	of the same type for the	same premises now licensed;	
2. the licen	nsee has complied wi	th all laws of the Comn	nonwealth relating to taxes; and	
3. the pren	nises are now open for	or business (If not expla	in below)	
SIGNED BY	Individual Danta	on on Authorized Come	note Officer	
	marviduai, Partii	er or Authorized Corpo	rate Officer	
DATE:	TELEDIJO	NE NUMBER.	EMPLOYER IDENTIFICA	TION NUMBER:
	TELEPHO	NE NUMBER:	(Note: NOT Individual Social	
			e certificate required by Chap I of the fire department for the	
named license and			rance required by Chapter 11	
of 2010.				
Please Check Below:	٦		LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	LLI Dlain)			
·	,			
DATE:				



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LICENSE NUMBER:	016600111		CITY OR TOWN	I CAMBRIL	)GE
APPLICATION FOR 1	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BOURBON COFFEE	NORTH AME	RICA INC.		
DOING BUSINESS A	BOURBON COFFE	E			
ADDRESS 2473 MAS	SS AVE.				
CITY/TOWN: CAMI	BRIDGE	STATE: MA	ZIP CODE:	02140	
MANAGER: HODG MATT		OF LICENSE: R	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		=
DESCRIPTION OF LI					
BASEMENT: KITCH KITCHEN, BAR DIN		GE,BAR AND D	INING ROOM; FIR	ST FLOOR:	
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	d license will be of the	same type for th	e same premises nov	w licensed;	
2. the licensee	has complied with all	l laws of the Con	nmonwealth relating	to taxes; and	
3. the premise	s are now open for bu	siness (If not exp	plain below)		
SIGNED BY					
	Individual, Partner or	Authorized Cor	oorate Officer		
D 4 505					
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
			(Note: <u>NO1</u> ]	ndividual Social S	security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ctor and the he	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)		<del>.</del>		
DATE:			-		



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LICENSE NUMBER:	016600112		CITY OR TOW	N CAMBRIL	)GE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WILL-GEORGE I	NC.			
DOING BUSINESS A	FRANK'S STEA	K HOUSE			
ADDRESS 2310 MAS	SS AVE2320				
CITY/TOWN: CAM	BRIDGE	STATE: M	A ZIP CODE:	02140	
MANAGER: RAVA WILL	ANIS, TYI	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF L					
DINING ROOM,COC CELLAR FOR STOR		KITCHEN AND	LOBBY ON FIRST	'FLOOR,WITH	
I hereby certify and sw	vear under penalties	s of perjury that:			
1. the renewed	d license will be of	the same type for	the same premises n	ow licensed;	
2. the licensee	e has complied with	all laws of the Co	mmonwealth relatir	ng to taxes; and	
3. the premise	es are now open for	business (If not ex	xplain below)		
SIGNED BY					
	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the h	ead of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 016600113		CITY OR TOW	'N CAMBRII	DGE
APPLICATION F	OR RENEWAL:	Annual	LICI	ENSED FOR 2	2013
		CLASS			YEAR
	E: NEW MARY CH SS A MARY CHUNG 4 MASS AVE		NT, INC.		
CITY/TOWN: CA		STATE: M	A ZIP CODE:	02139	
MANAGER: CH		YPE OF LICENSE:		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		<u> </u>
	F LICENSED PREM				
	AND KITCHEN ON I d swear under penaltic				
2. the lice	ewed license will be on the second second with the second	th all laws of the Co	mmonwealth relatin		
SIGNED BY	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICA Individual Social	
Acts of 2004, sign	ned, attest that we an ned by the building i d (2) the certificate o	nspector and the h	ead of the fire depa	rtment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICE By:	NSING AUTH	IORITY
					<del></del>



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600116		CITY OR TOWN	CAMBRIDGE	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: ELIOT MANAGE	MENT SERVICES, I	NC.		
DOING BUSINESS A PARADISE CAP	E			
ADDRESS 180 MASS. AVE				
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: MCCARTHY, TYPE PAUL C.	PE OF LICENSE: Res	taurant CA	TEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	<u>_</u>	
DESCRIPTION OF LICENSED PREMI	SES:			
BASEMENT; ONE BAR, DANCE FLOO BATHROOMS. 1ST FLR; 2 BARS, SE KITCHEN STORAGE, ONE BATHROO	ATING AREA, COAT	Γ ROOM, RAISED I		
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises now l	icensed;	
2. the licensee has complied with	all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEBLION				
TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)	
		(rote. <u>rvo1</u> mur	vidual Social Security (vullber)	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departm	ent for the above	
Please Check Below:		LOCAL LICENSI	NG AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				



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LICENSE NUMBER: (	)16600119		CITY OR TOWN CAM	IBRIDGE
APPLICATION FOR I	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	A W CHEN, INC.			
DOING BUSINESS A	ALL ASIAN CAFE			
ADDRESS 332-36 MA	ASS. AVE.			
CITY/TOWN: CAME	BRIDGE	STATE: MA	ZIP CODE: 0213	39
MANAGER: SHULM E.	MAN, MARC TYPE	OF LICENSE:Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES	S:		
DINING ROOM,RECH STORAGE	EPTION AREA AND	KITCHEN ON F	RST FLOOR WITH CEL	LAR FOR
I hereby certify and swe	ear under penalties of	perjury that:		
1. the renewed	license will be of the	same type for the	same premises now license	ed;
2. the licensee	has complied with all	laws of the Comn	nonwealth relating to taxes	; and
3. the premises	s are now open for bu	siness (If not expla	in below)	
SIGNED BY				
]	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	NUMBER:		TIFICATION NUMBER:
			(Note: <u>NOT</u> Individual S	Social Security Number)
Acts of 2004, signed b	y the building inspe	ctor and the head	e certificate required by C of the fire department for rance required by Chapto	or the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:	٦		By:	
DISAPPROVED:				
(If disapproved explain	.)			
			·	
DATE:				



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LICENSE NUMBER: 0	16600120		CITY OR T	OWN	CAMBRIL	)GE
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: JN DOING BUSINESS A ADDRESS 730 MASS.	THE TAVERN	Γ INCORPORA	TED			
CITY/TOWN: CAMBI		STATE: M	A ZIP CO	DF.	02139	
MANAGER: MORRIS						All Alcohol
EMAIL ADDRESS:	5, MAKK 5. 111 L	Of EICENSE.	Restaurant	<i>C1</i>	ATLOOKT.	
	ASE ALSO VISIT OUR WEBS	SITE AND ENTER VOI	IR FMAIL ADDRESS			
DESCRIPTION OF LIC			A DAME INDIREGO			
1ST FL. 4 DINING RM ENTRANCE ON MASS 38 feet outside with 15 t	S.,KITCHEN,2 BA S. AVE. AND REA	RS, BATHRO				
I hereby certify and swea	ar under penalties o	f perjury that:				
2. the licensee h	license will be of the nas complied with a are now open for bu	ll laws of the Co	ommonwealth re			
SIGNED BY	ndividual, Partner o	r Authorized Co	orporate Officer			
DATE:	TELEPHONE	NUMBER:				ΠΟΝ NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	ector and the h	ead of the fire	departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL I By:	LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 0	16600121		CITY OR TOWN	CAMBRID	OGE .
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: D	EANTA CORPC	RATION			
DOING BUSINESS A	PHOENIX LANI	OING			
ADDRESS 512-14 MA	SSACHUSETTS	AVE			
CITY/TOWN: CAMB	RIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: LONG, G.	PATRICK TYI	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC					
BAR, LOUNGE, DININ DINING ROOM ON SE			ST FLOOR. BAR, L	OUNGE,AN	D
I hereby certify and swe	ar under penalties	s of perjury that:			
1. the renewed	license will be of	the same type for th	e same premises now	v licensed;	
2. the licensee l	has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)		
SIGNED BY					
I	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building in	spector and the hea	nd of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	ı				
DATE:					



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	CITY OR TOWN CAMBRIDGE	
Annual	LICENSED FOR 2013	
CLASS	YEA	R
H INC.		
GE AND THE THIR	D RAIL	
STATE: MA	ZIP CODE: 02139	
PE OF LICENSE: Res	category: All	Alcohol
EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
SES:		
s of perjury that:		
the same type for the	same premises now licensed;	
all laws of the Comm	nonwealth relating to taxes; and	
business (If not expla	ain below)	
or Authorized Corpo	rate Officer	
IE NUMBER:	EMPLOYER IDENTIFICATION N	
	(Note: <u>NOT</u> Individual Social Security	Number)
spector and the head	l of the fire department for the abov	re
	LOCAL LICENSING AUTHORIT	Y
	By:	
	CLASS H INC. IGE AND THE THIR  STATE: MA PE OF LICENSE: Res  EBSITE AND ENTER YOUR EN SES: OFFICE AND STOR ECREATION AREA S of perjury that: the same type for the a all laws of the Comm b business (If not explain t or Authorized Corporate TE NUMBER:	CLASS YEA  H INC.  GE AND THE THIRD RAIL  STATE: MA ZIP CODE: 02139  PE OF LICENSE: Restaurant CATEGORY: All  EBSITE AND ENTER YOUR EMAIL ADDRESS  SES: , OFFICE AND STORAGE IN BASEMENT 100 SEATS. ECREATION AREA ON STREET LEVEL.  s of perjury that: the same type for the same premises now licensed; a all laws of the Commonwealth relating to taxes; and business (If not explain below)  To or Authorized Corporate Officer  EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security)  The in possession (1) the certificate required by Chapter 30 spector and the head of the fire department for the about Individual



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LICENSE NUN	MBER: 016600123		CITY OR TOWN	CAMBRIDGE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: J.C.S.K. INC.			
DOING BUSIN	NESS A THE CELLA	R		
ADDRESS 991	MASS. AVE.			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02138
	CARTER, MARILYN A.	TYPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PRE			
DINING ROOM BASEMENT	M, BAR AND KITCH	EN ON FIRST FLOOR	t; LOUNGE, BAR A	ND STORAGE IN
I hereby certify	and swear under pena	lties of perjury that:		
1. the r	renewed license will be	e of the same type for the	ne same premises now	licensed;
2. the 1	icensee has complied	with all laws of the Con	nmonwealth relating t	o taxes; and
3. the p	oremises are now open	for business (If not exp	olain below)	
SIGNED BY	T. 41 14 14 Dec	4 A. 4 1.C	000	
	individual, Par	tner or Authorized Cor	porate Officer	
DATE:			EMBI OVEI	R IDENTIFICATION NUMBER:
DATE.	TELEPH	IONE NUMBER:		dividual Social Security Number)
Acts of 2004, s	signed by the building	g inspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUMBE	R: 016600124		CITY OR TOWN	CAMBRIDGI	Е
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		YI	EAR
LICENSEE NAME	: TOMIKO INC	•			
DOING BUSINESS	S A CAFE SUSH	I			
ADDRESS 1105 M	ASS. AVE.				
CITY/TOWN: CA	MBRIDGE	STATE: N	IA ZIP CODE:	02138	
MANAGER: IMU	JRA,SEIZI	TYPE OF LICENSE	:Restaurant C.		Vine and Malt Regular
EMAIL ADDRESS	:				
		UR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF					
USED FOR STORA		AND SUSHI KITCHE	EN ON FIRST FLOOR	WITH PORTIC	DN
I hereby certify and	swear under pena	lties of perjury that:			
1. the renev	wed license will be	e of the same type for	the same premises now	licensed;	
2. the licen	see has complied	with all laws of the C	ommonwealth relating t	o taxes; and	
3. the prem	ises are now open	for business (If not e	explain below)		
SIGNED BY			O.C.		
	Individual, Par	tner or Authorized Co	orporate Officer		
DATE:	TEL EDI		EMDI OVEI	R IDENTIFICATIO	N NI IMDED.
<b>5.112.</b>	IELEPH	IONE NUMBER:		dividual Social Secu	
Acts of 2004, signe	ed by the building	g inspector and the l	) the certificate requir nead of the fire depart insurance required by	ment for the ab	oove
Please Check Below:			LOCAL LICENS	SING AUTHOR	ITY
APPROVED:	<u> </u>		By:		
DISAPPROVED:	1				
(If disapproved exp	iain)				
DATE:					



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LICENSE NUMBE	R: 016600125		CITY OR	ГОWN	CAMBRIL	)GE
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	: Kun Myung, Inc					
DOING BUSINESS	S A Takemura					
ADDRESS 18 Elio	t St					
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CO	DDE:	02138	
MANAGER: KIN	A, MYUNG JA TY	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	<b>:</b> :					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
	F LICENSED PREM					
	rance from driveway f room; additional ex		_			hen and
I hereby certify and	swear under penaltie	es of perjury that:				
1. the rene	wed license will be of	f the same type for th	e same premi	ses now	licensed;	
2. the licen	see has complied wit	h all laws of the Com	nmonwealth re	elating t	o taxes; and	
3. the prem	nises are now open fo	r business (If not exp	olain below)			
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer			
DATE:	TELEPHO	NE NUMBER:				FION NUMBER: Security Number)
Acts of 2004, sign	ed, attest that we ar ed by the building ir I (2) the certificate o	nspector and the hea	ad of the fire	depart	ment for the	above
Please Check Below:	-		LOCAL 1	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	Llain)					
(11 disupproved exp	······/					
DATE.						
DATE:						
APPLICATION FOR RENI	EWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVI	EMBER (N	I.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	:016600126		CITY OR TOWN CAMBRII	)GE	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	.013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 1326 MA	A YENCHING				
CITY/TOWN: CAM		STATE: MA	ZIP CODE: 02138		
MANAGER: LEE,		PE OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:	-	_			
1	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	_	
DESCRIPTION OF I					
DINING ROOM,KIT PREP	CHEN ON FIRST F	LOOR;BASEMENT	FOR STORAGE AND COLD	FOOD	
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for the	same premises now licensed;		
2. the license	ee has complied with	all laws of the Comm	nonwealth relating to taxes; and		
	•	business (If not expla	-		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON!	E NUMBER:	EMPLOYER IDENTIFICA		
			(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	by the building ins	spector and the head	e certificate required by Chapt l of the fire department for the rance required by Chapter 110	e above	
Please Check Below:			LOCAL LICENSING AUTH	ORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE:					



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LICENSE NUMBER: 016600128	(	CITY OR TOWN	LAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: GIULIA INC.			
DOING BUSINESS A GIULIA			
ADDRESS 1682 MASS. AVE.			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02138
MANAGER: PAGLIARINI, TYPH EMANI MICHAEL	E OF LICENSE: Rest	aurant CA7	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
DINING ROOM AND KITCHEN ON STI	REET FLOOR WITH	H CELLAR FOR STO	ORAGE
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the s	ame premises now lie	censed;
2. the licensee has complied with a	all laws of the Comme	onwealth relating to t	axes; and
3. the premises are now open for b	ousiness (If not explai	n below)	
SIGNED BY Individual, Partner of	or Authorized Corpor	ate Officer	
DATE: TELEPHONE	E NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.	pector and the head	of the fire departme	ent for the above
Acts of 2004, signed by the building insp named license and (2) the certificate of l	pector and the head	of the fire departme	ent for the above napter 116 of the Acts
Acts of 2004, signed by the building insp. named license and (2) the certificate of l of 2010.  Please Check Below: APPROVED:	pector and the head	of the fire departme ance required by Cl	ent for the above napter 116 of the Acts
Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010.  Please Check Below: APPROVED: DISAPPROVED:	pector and the head	of the fire departme ance required by Cl LOCAL LICENSIN	ent for the above napter 116 of the Acts
Acts of 2004, signed by the building insp. named license and (2) the certificate of l of 2010.  Please Check Below: APPROVED:	pector and the head	of the fire departme ance required by Cl LOCAL LICENSIN	ent for the above napter 116 of the Acts
Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010.  Please Check Below: APPROVED: DISAPPROVED:	pector and the head	of the fire departme ance required by Cl LOCAL LICENSIN	ent for the above napter 116 of the Acts
Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010.  Please Check Below: APPROVED: DISAPPROVED:	pector and the head	of the fire departme ance required by Cl LOCAL LICENSIN	ent for the above napter 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R:016600129		CITY	OR TOWN	CAMBRID	GE
APPLICATION FO	R RENEWAL:	Annua	al	LICENS	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1755 MA	A ADDIS RED SE	A ETHOPIAN	RESTAURA	NT		
CITY/TOWN: CAI		STATE:	MA ZI	IP CODE:	02138	
MANAGER: TAM		PE OF LICENS			ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL ADD	RESS		•
DESCRIPTION OF	LICENSED PREMI	SES:				
KITCHEN, STORA				FIRST FLOO	R.	
I hereby certify and	•	1 5 5				
	ved license will be of		_			
	ee has complied with			•	taxes; and	
3. the premi	ses are now open for	business (If no	t explain belo	ow)		
SIGNED BY	Individual, Partner	or Authorized	Corporate Of	fficer		
DATE:	TELEPHON	IE NUMBER:	(			ION NUMBER:
Acts of 2004, signe	d, attest that we are d by the building in (2) the certificate of	spector and th	e head of the	fire departr	nent for the	above
Please Check Below: APPROVED:			LOC By:	CAL LICENS	ING AUTHO	ORITY
DISAPPROVED: [(If disapproved expl.	ain)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 016600131		CITY OR TOWN	CAMBRID	GE	
APPLICATIO1	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13	
		CLASS		,	YEAR	
LICENSEE NA	AME: TAMARIN, II	NC.				
DOING BUSI	NESS A TAMARINE	HOUSE				
ADDRESS 179	90 MASS. AVE.					
CITY/TOWN:	CAMBRIDGE	STATE: M	A ZIP CODE:	02140		
MANAGER:	HOAGLAND, WILLIAM M.	TYPE OF LICENSE:	Restaurant Ca	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION	N OF LICENSED PR	EMISES:				
	M AND KITCHEN O N FIRST FLOOR	N FIRST FLOOR WI	TH BASEMENT FOR	STORAGE	SMALL	
I hereby certify	and swear under pena	alties of perjury that:				
1. the	renewed license will b	be of the same type for	the same premises now	licensed;		
2. the	licensee has complied	with all laws of the Co	mmonwealth relating to	o taxes; and		
3. the	premises are now ope	n for business (If not ex	xplain below)			
SIGNED BY						
	Individual, Pa	rtner or Authorized Co	rporate Officer			
DATE:	TELEPI	HONE NUMBER:	EMPLOYER	RIDENTIFICATI	ON NUMBER:	
			(Note: NOT Individual Social Security Number)			
<b>Acts of 2004,</b>	signed by the buildin	ng inspector and the h	the certificate require ead of the fire depart surance required by	ment for the	above	
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVE						
(If disapproved	i explain)					
DATE:						



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LICENSE NUMBER	R: 016600133		CITY OR TOWN	CAMBRID	OGE .
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	KAYA-KA, INC.				
DOING BUSINESS	A KAYA RESTAU	RANT			
ADDRESS 1924 MA	ASS. AVE.				
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02140	
MANAGER: JEO	N, YONGKUN TYI	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF					
		room, 5 tatami rooms. service of alcohol with			loor
I hereby certify and s	swear under penalties	s of perjury that:			
1. the renew	red license will be of	the same type for the	same premises nov	w licensed;	
2. the licens	ee has complied with	all laws of the Comn	nonwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not expla	nin below)		
SIGNED BY	Individual Partner	or Authorized Corpo	rate Officer		
	marviaur, i urmer	of Hamorized Corpo	rate officer		
DATE:	TELEDHON	IE NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
	TELEFTION	E NUMBER.		ndividual Social S	
***	1 44 43 4			11 61 4	204 64
		e in possession (1) the spector and the head			
named license and of 2010.	(2) the certificate of	f liquor liability insu	rance required by	Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)		-		
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUN	MBER: 016600134		CITY OR TOWN CAMBR	IDGE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: 2046 RESTAU	JRANT CORP		
DOING BUSIN	NESS A SPIRIT			
ADDRESS 204	16 MASS. AVE.			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02140	
	FITZSIMONS, CHRISTOPHER	TYPE OF LICENSE: Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	EMISES:		
DINING ROOM	M, BAR, KITCHEN O	ON FIRST FLOOR; STO	RAGE AND OFFICE IN BAS	EMENT.
I hereby certify	and swear under pena	alties of perjury that:		
1. the 1	renewed license will b	e of the same type for the	e same premises now licensed;	
2. the l	licensee has complied	with all laws of the Com	monwealth relating to taxes; an	d
3. the p	premises are now oper	n for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPE	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	1 EEE 1	TOTAL TAUNIBLIA.	(Note: NOT Individual Socia	al Security Number)
Acts of 2004, s	signed by the buildin	g inspector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	he above
Please Check Belo	w:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMBER: 016600136		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ASSOCIATION N	OTRE DAME DE C.	AMBRIDGE INC.		
DOING BUSINESS A				
ADDRESS 2322 MASS. AVE.				
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02140	
MANAGER: DUFFY,G.FRANCISTYF	'E OF LICENSE: <mark>Clu</mark>	b C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		•
DESCRIPTION OF LICENSED PREMIS	SES:			
ONE LARGE ROOM WITH BAR IN CE FLOOR. ONE LARGE ROOM WITH ST WITH WALK-IN CHEST. OUTSIDE PR	ORAGE ON SECO	ND FLOOR. STOR		
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of		_		
2. the licensee has complied with		· ·	to taxes; and	
3. the premises are now open for	business (If not expla	un below)		
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
		(Note: NOT Individual Social Security Number)		
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	l of the fire depart	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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	CITY OR TOWN CAMBRII	OGE
.: Annual	LICENSED FOR 2	013
CLASS		YEAR
, INC		
Г МЕ		
STATE: MA	ZIP CODE: 02140	
TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
IT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
PREMISES:		
aining a kitchen, bar and dini al patio on public sidewal	ng area. Restroom. Basement fo	r storage,
enalties of perjury that:		
ll be of the same type for the	same premises now licensed;	
ed with all laws of the Comm	nonwealth relating to taxes; and	
pen for business (If not expla	in below)	
Partner or Authorized Corpor	rate Officer	
EPHONE NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
	(Note: NOT Individual Social S	Security Number)
ding inspector and the head	of the fire department for the	e above
	LOCAL LICENSING AUTH	ORITY
	By:	
	CLASS  INC  T ME  STATE: MA  TYPE OF LICENSE: Res  TOUR WEBSITE AND ENTER YOUR EMPREMISES: aining a kitchen, bar and dinitial patio on public sidewal enalties of perjury that: Il be of the same type for the ed with all laws of the Commpen for business (If not explain Partner or Authorized Corpose Phone NUMBER:  We are in possession (1) the ding inspector and the head	CLASS  CLACS  CLASS  CLASS  CLACS  CLACS  CLASS  CLACS  CL



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LICENSE NUMBER: 01	6600140		CIT	Y OR TOWN	N CAMBRIL	OGE
APPLICATION FOR RI	ENEWAL:	Annua	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: FI	LYING TOAD, I	NC				
DOING BUSINESS A	CAMBRIDGE C	OMMON				
ADDRESS 1667- 73 MA	ASS AVE.					
CITY/TOWN: CAMBI	RIDGE	STATE:	MA	ZIP CODE:	02138	
MANAGER: HESLOI ANN	P, HOLLY TYI	PE OF LICENS	SE: Restaura	ant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL A	DDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
FIRST FLOOR; DINING WITH BAR AND STOR		BAR AND KIT	CHEN. BA	ASEMENT; F	FUNCTION RO	OOM
I hereby certify and swea	ar under penalties	of perjury that	-•			
1. the renewed l	icense will be of	the same type i	for the same	e premises no	w licensed;	
2. the licensee h	as complied with	all laws of the	Commonw	ealth relating	to taxes; and	
3. the premises	are now open for	business (If no	t explain be	elow)		
SIGNED BY						
Ir	ndividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
				(Note: NOT ]	ndividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building in	spector and th	e head of t	he fire depai	rtment for the	above
Please Check Below:			L(	OCAL LICEN	NSING AUTH	ORITY
APPROVED:			Ву	y:		
DISAPPROVED:						
(If disapproved explain)			_			
DATE:			_			



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LICENSE NUMBER:	)16600141		CITY OR T	OWN	CAMBRII	)GE
APPLICATION FOR I	RENEWAL:	Annual	Ι	LICEN:	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	LOTUS KUAI	HARVARD, INC				
DOING BUSINESS A	CHANGSHO	RESTAURANT				
ADDRESS 1712- 1714	MASS. AVE.					
CITY/TOWN: CAME	BRIDGE	STATE: MA	A ZIP COI	DE:	02138	
MANAGER: CHEN,	LI-YUN T	ΓΥΡΕ OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS			_
DESCRIPTION OF LI						
THREE DINING ROO STORAGE IN BASEM		IL LOUNGE AND KI	ITCHEN ON ST	REET	FLOOR W	ITH
I hereby certify and swe	ear under penal	ties of perjury that:				
1. the renewed	license will be	of the same type for t	he same premise	es now	licensed;	
	•	with all laws of the Co		ating to	taxes; and	
3. the premises	are now open	for business (If not ex	plain below)			
SIGNED BY	Individual Part	tner or Authorized Co	rnorate Officer			
-	marviduai, i art	ner of ruthorized col	ipordic Officer			
DATE:	TELEDIA	ONE NUMBER.	FME	PI OYFR	IDENTIFICA'	ΓΙΟΝ NUMBER:
	IELEPH	ONE NUMBER:				Security Number)
						204.0.7
We the undersigned, Acts of 2004, signed b						
named license and (2) of 2010.						
Please Check Below:			LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	)		-			
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED F	3Y LICENSEES DURING THI	E MONTH OF NOVE	MBER (M	I.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUN	MBER: 016600142		CITY OR TOWN	CAMBRIDGE	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	ME: GOLDEN TO	AD INC.			
DOING BUSIN	NESS A CHRISTOPH	HER'S			
ADDRESS 191	2 MASS AVE.				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02140	
MANAGER:	CRISTOPHER, CHARLES JR.	TYPE OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PRE	EMISES:			
REDUCTION I BAR, DINING	IN STANDING. POR ROOM. SECOND F ΓΙΟΝ ROOM WITH (	GE, TWO BARS, HALI RTABLE STAGE AREA LR; DINING ROOM, K CELLAR FOR STORAG	WITH ALTERNAT TITCHEN AND COM	E SEATING, DELI IBINATION DINING	
I hereby certify	and swear under pena	alties of perjury that:			
1. the 1	renewed license will be	e of the same type for th	e same premises now	licensed;	
	•	with all laws of the Con	_	o taxes; and	
3. the p	premises are now oper	n for business (If not exp	lain below)		
SIGNED BY	Individual, Par	rtner or Authorized Corp	oorate Officer		
					7
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
Acts of 2004, s	signed by the buildin	g inspector and the hea	nd of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	capiaiii)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	016600143		CITY OR TOWN	CAMBRIDGE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A		GRILLE & STEAKI	IOUSE	
ADDRESS 1945- 47 I	MASS. AVE.			
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE:	02140
	OPOULOS, TY IAM S.	PE OF LICENSE: F	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF L				
TWO DINING ROOM			OR WITH CELLAR F	OR STORAGE
I hereby certify and sw	_			liaansa da
			ne same premises now nmonwealth relating to	
		or business (If not ex		o taxes, and
			,	
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer	
DATE:	ТЕГЕРНО	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building i	nspector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:				
	_		By:	
DISAPPROVED:			By:	
DISAPPROVED: [	n)		By:	
1	n)		By: 	



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LICENSE NUMBER: 016600144		CITY OR TOWN CAMBRIDGE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: THE ELEPH	IANT WALK RESTAURA	ANT GROUP, INC.	
DOING BUSINESS A THE ELEP	HANT WALK		
ADDRESS 2071- 79 MASS AVE.			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02140	
MANAGER: Dixon, Phillip	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PL	REMISES:		
	D STORAGE IN BASEME	D ONE BAR TWO DINING ROOMS, ENT. BANK 67 SEATS. 215 SEATS, 28	
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
<u>*</u>		monwealth relating to taxes; and	
3. the premises are now op	en for business (If not expla	ain below)	
SIGNED BY Individual F	Partner or Authorized Corpo	orate Officer	
individual, i	arther of radiofized corpo	State Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	FIIONE NUMBER.	(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the build	ing inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION			CITTORTOWN	CAMBRIDGE
_	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: RIVERSIDE P	IZZA AND SEAFOOD,	INC.	
DOING BUSIN	NESS A RIVERSIDE	PIZZA & SEAFOOD RI	ESTAURANT & SF	ORTS BAR
ADDRESS 297	7 RIVER STREET			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02139
MANAGER:	GOULOPOULOS, ALEX	ΓΥΡΕ OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PRE			
	M, BAR, KITCHEN A SE AT 297-307 RIVER	ND TAKE-OUT AREA STREET.	ON THE FIRST FI	LOOR; BASEMENT
I hereby certify	and swear under penal	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now	licensed;
2. the 1	licensee has complied v	with all laws of the Com	nonwealth relating t	o taxes; and
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY				
PIONED D I				
SIGNED B I	Individual, Par	tner or Authorized Corp	orate Officer	
SIGNED DI	Individual, Par	tner or Authorized Corp	orate Officer	
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:		tner or Authorized Corpo	EMPLOYE	R IDENTIFICATION NUMBER:
			EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
DATE:  We the under Acts of 2004,	TELEPH signed, attest that we signed by the building	ONE NUMBER: are in possession (1) th g inspector and the hea	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir d of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
DATE:  We the under Acts of 2004, an amed license of 2010.  Please Check Below	TELEPH signed, attest that we signed by the building and (2) the certificat	ONE NUMBER: are in possession (1) th g inspector and the hea	EMPLOYE (Note: <u>NOT</u> In e certificate requir d of the fire depart trance required by	ed by Chapter 304 of the ment for the above
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Belo APPROVED:	TELEPH rsigned, attest that we signed by the building and (2) the certificat	ONE NUMBER: are in possession (1) th g inspector and the hea	EMPLOYE (Note: <u>NOT</u> In e certificate requir d of the fire depart trance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Belo APPROVED: DISAPPROVE	TELEPH rsigned, attest that we signed by the building and (2) the certificate	ONE NUMBER: are in possession (1) th g inspector and the hea	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire departement in the control of the fire departement of the fire departement in the control of the fire departement in the control of the fire departement in the control of	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Belo APPROVED:	TELEPH rsigned, attest that we signed by the building and (2) the certificate	ONE NUMBER: are in possession (1) th g inspector and the hea	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire departement in the control of the fire departement of the fire departement in the control of the fire departement in the control of the fire departement in the control of	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the under Acts of 2004, named license of 2010.  Please Check Belo APPROVED: DISAPPROVE	TELEPH rsigned, attest that we signed by the building and (2) the certificate	ONE NUMBER: are in possession (1) th g inspector and the hea	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire departement in the control of the fire departement of the fire departement in the control of the fire departement in the control of the fire departement in the control of	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMB	ER: 016600146		CITY OR TOWN CAMBRII	<b>JGE</b>
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAMI	E: FI-HI PIZZA INC	C.		
DOING BUSINES	SS A HI-FI PIZZA			
ADDRESS 492-96	6 MASS. AVE.			
CITY/TOWN: C	AMBRIDGE	STATE: MA	ZIP CODE: 02139	
	OLLAND, TY	YPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	IISES:		
TWO DINING RO TWO SERVICE C		ST FLOOR;BASEMEN	T FOR STORAGE,KITCHEN	AND
I hereby certify and	d swear under penalti	es of perjury that:		
1. the rene	ewed license will be o	of the same type for the	same premises now licensed;	
2. the lice	nsee has complied wi	th all laws of the Comn	nonwealth relating to taxes; and	
3. the prei	mises are now open fo	or business (If not expla	in below)	
SIGNED BY				
	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ned by the building i	nspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	piain)		_	
DATE:				



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	CITY OR TOWN CAMBRIDGE	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
EPUBLIK		
STATE: MA	ZIP CODE: 02139	
E OF LICENSE: Rest	taurant CATEGORY: All Alcohol	
BSITE AND ENTER YOUR EM	AIL ADDRESS	
ES:		
AND KITCHEN ON	STREET FLOOR WITH CELLAR FOR	
of perjury that:		
he same type for the s	same premises now licensed;	
all laws of the Comm	onwealth relating to taxes; and	
ousiness (If not explain	in below)	
or Authorized Corpor	rate Officer	
		7
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	(Note: <u>NOT</u> Individual Social Security Number)	
pector and the head	of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
	Annual CLASS  EPUBLIK  STATE: MA  E OF LICENSE: Resi  ESITE AND ENTER YOUR EM ES: AND KITCHEN ON  of perjury that: the same type for the stall laws of the Commousiness (If not explanation or Authorized Corporation or Authorized Corporation of Publisher (In possession (1) the pector and the head	CLASS YEAR  STATE: MA ZIP CODE: 02139  E OF LICENSE:Restaurant CATEGORY: All Alcohol  BRITE AND ENTER YOUR EMAIL ADDRESS ES: AND KITCHEN ON STREET FLOOR WITH CELLAR FOR  of perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and pusiness (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  tin possession (1) the certificate required by Chapter 304 of the pector and the head of the fire department for the above liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NU	MBER: 016600150		CITY OR TOWN CAM	BRIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N	AME: AMANDEEP, IN	NC		
DOING BUSI	NESS A SHALIMAR R	ESTAURANT		
ADDRESS 54	6 MASS. AVENUE			
CITY/TOWN	: CAMBRIDGE	STATE: MA	ZIP CODE: 0213	9
MANAGER:	SINGH, RAMESH T KAUR	YPE OF LICENSE: Re	estaurant CATEGO	PRY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	IISES:		
FULL SERVI	CE SIT DOWN RESTAU	JRANT WITH BAR N	MOVED TO THE LEFT WA	LL.
I hereby certify	y and swear under penalti	ies of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now license	d;
2. the	licensee has complied w	ith all laws of the Com	monwealth relating to taxes;	and
3. the	premises are now open f	or business (If not exp	lain below)	
SIGNED BY		ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Acts of 2004,	signed by the building	inspector and the hea	ne certificate required by C ad of the fire department fo urance required by Chapte	r the above
Please Check Bel	low:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:			<del>-</del>	
APPLICATION FOR	R RENEWAL MUST BE FILED BY	Y LICENSEES DURING THE !	MONTH OF NOVEMBER (M.G.J. Ch.	138 \$ 16A)
APPLICATION FOR	R RENEWAL MUST BE FILED BY	Y LICENSEES DURING THE 1	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600152		CITY OR TOWN	CAMBRIDGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	: CURLOCOM, LLC S A THE PLOUGH &			
CITY/TOWN: CA		STATE: MA	ZIP CODE:	02139
MANAGER: LOC		PE OF LICENSE: Re		ATEGORY: All Alcohol
EMAIL ADDRESS	:			
DINING ROOM Of I hereby certify and 1. the renew 2. the licens	ELICENSED PREMISEN FIRST FLOOR, CE. swear under penalties wed license will be of the see has complied with the see has complied with the see has are now open for the see has a see has complied with the see has a see has complied with the see has a see has complied with the see has complied with the see has a se	SES:  LLAR FOR STORA  of perjury that: the same type for the all laws of the Com	AGE AND KITCHES e same premises now monwealth relating t	licensed;
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned Acts of 2004, signed	ed, attest that we are	in possession (1) the spector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	lividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signe named license and	ed, attest that we are ed by the building ins (2) the certificate of	in possession (1) the spector and the hea	(Note: <u>NOT</u> Ind ne certificate requir d of the fire depart urance required by	ed by Chapter 304 of the ment for the above



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MANAGER: BADWAL, MOHINDER  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRE  DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre  2. the licensee has complied with all laws of the Commonwealth  3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER:	MUP AREA ON FIRST FLOOR mises now licensed; n relating to taxes; and
LICENSEE NAME: SHIV, INC.  DOING BUSINESS A INDIA CASTLE  ADDRESS 924-28 MASS. AVENUE  CITY/TOWN: CAMBRIDGE STATE: MA ZIP  MANAGER: BADWAL, TYPE OF LICENSE: Restaurant MOHINDER  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRE  DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre 2. the licensee has complied with all laws of the Commonwealth 3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER:	CODE: 02139  CATEGORY: All Alcohol  SS  KUP AREA ON FIRST FLOOR  mises now licensed; a relating to taxes; and
DOING BUSINESS A INDIA CASTLE  ADDRESS 924-28 MASS. AVENUE  CITY/TOWN: CAMBRIDGE STATE: MA ZIP  MANAGER: BADWAL, TYPE OF LICENSE: Restaurant MOHINDER  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRES  DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICTORY  1. the renewed license will be of the same type for the same pre 2. the licensee has complied with all laws of the Commonwealth 3. the premises are now open for business (If not explain below SIGNED BY  Individual, Partner or Authorized Corporate Office DATE:  TELEPHONE NUMBER:	CATEGORY: All Alcohol  SS  KUP AREA ON FIRST FLOOR  mises now licensed; a relating to taxes; and
ADDRESS 924-28 MASS. AVENUE  CITY/TOWN: CAMBRIDGE STATE: MA ZIP  MANAGER: BADWAL, TYPE OF LICENSE: Restaurant MOHINDER  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRE  DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICE  1. the renewed license will be of the same type for the same pre  2. the licensee has complied with all laws of the Commonwealth  3. the premises are now open for business (If not explain below SIGNED BY  Individual, Partner or Authorized Corporate Office DATE:  TELEPHONE NUMBER:	CATEGORY: All Alcohol  SS  KUP AREA ON FIRST FLOOR  mises now licensed; a relating to taxes; and
CITY/TOWN: CAMBRIDGE STATE: MA ZIP  MANAGER: BADWAL, TYPE OF LICENSE: Restaurant MOHINDER  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRE  DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICTOR  1. the renewed license will be of the same type for the same pre  2. the licensee has complied with all laws of the Commonwealth  3. the premises are now open for business (If not explain below SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER:	CATEGORY: All Alcohol  SS  KUP AREA ON FIRST FLOOR  mises now licensed; a relating to taxes; and
MANAGER: BADWAL, MOHINDER  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRE  DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre  2. the licensee has complied with all laws of the Commonwealth  3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER:	CATEGORY: All Alcohol  SS  KUP AREA ON FIRST FLOOR  mises now licensed; a relating to taxes; and
MOHINDER  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre  2. the licensee has complied with all laws of the Commonwealth  3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	SECUP AREA ON FIRST FLOOR mises now licensed; n relating to taxes; and
DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICE I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre 2. the licensee has complied with all laws of the Commonwealth 3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	MUP AREA ON FIRST FLOOR mises now licensed; a relating to taxes; and
DESCRIPTION OF LICENSED PREMISES:  DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICE I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre 2. the licensee has complied with all laws of the Commonwealth 3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	MUP AREA ON FIRST FLOOR mises now licensed; a relating to taxes; and
DINING ROOM, KITCHEN, LOUNGE AREA AND CUSTOMER PICE I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre 2. the licensee has complied with all laws of the Commonwealth 3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	mises now licensed; a relating to taxes; and
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same pre 2. the licensee has complied with all laws of the Commonwealth 3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	mises now licensed; a relating to taxes; and
the renewed license will be of the same type for the same pre     the licensee has complied with all laws of the Commonwealth     the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	relating to taxes; and
2. the licensee has complied with all laws of the Commonwealth 3. the premises are now open for business (If not explain below  SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	relating to taxes; and
3. the premises are now open for business (If not explain below SIGNED BY  Individual, Partner or Authorized Corporate Office DATE:  TELEPHONE NUMBER:	•
SIGNED BY  Individual, Partner or Authorized Corporate Office  DATE:  TELEPHONE NUMBER:	)
Individual, Partner or Authorized Corporate Office  DATE: TELEPHONE NUMBER:	
I ELEPHONE NUMBER:	er
I ELEPHONE NUMBER:	
	EMPLOYER IDENTIFICATION NUMBER: te: NOT Individual Social Security Number)
	marriada social security riamser,
We the undersigned, attest that we are in possession (1) the certificates of 2004, signed by the building inspector and the head of the finamed license and (2) the certificate of liquor liability insurance recof 2010.	re department for the above
Please Check Below: LOCA	L LICENSING AUTHORITY
APPROVED: By:	
DISAPPROVED:	
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF N	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 016600155		CITY OR TOWN	CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 75 WIN	THROP STREET				
CITY/TOWN: CAI	MBRIDGE	STATE: MA	ZIP CODE:	02138	
	NKER, TY WAR	PE OF LICENSE:	destaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
DINING ROOM,KI			ASEMENT AREA		
2. the licens	ved license will be or see has complied wit	f the same type for the	ne same premises now nmonwealth relating to plain below)		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:			FION NUMBER: Security Number)
Acts of 2004, signe	d by the building in	nspector and the he	the certificate required of the fire depart surance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICEN: By:	SING AUTH	ORITY



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LICENSE NUMBER: 016600157		CITY OR TOWN CAMBRIDG	iE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 201	3
	CLASS	Y	EAR
LICENSEE NAME: S.L.W.& P. HC	NG KONG REST. INC.		
DOING BUSINESS A HONG KONG	G RESTAURANT		
ADDRESS 1234 MASS. AVENUE -	1238		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: LEE, PAUL	ΓΥΡΕ OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
FIRST FLOOR; DINING ROOM AN KITCHEN; SECOND FLOOR: DININ ROOM			
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licensed;	
2. the licensee has complied v	with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY	tner or Authorized Corpo	rata Officar	
marviduai, r ai	mer of Admonized Corpo	rate Officer	
DATE: TELEDU	ONE NUMBER:	EMPLOYER IDENTIFICATIO	ON NUMBER:
TELEFTI	ONE NUMBER.	(Note: NOT Individual Social Sec	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	inspector and the head	of the fire department for the a	bove
Please Check Below:		LOCAL LICENSING AUTHOR	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 0	16600159		CITY OR T	OWN CAMBRII	DGE
APPLICATION FOR R	ENEWAL:	Annual	I	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: C	CCHH CAMBRIDO	E LLC			
DOING BUSINESS A	HYATT REGENC	Y CAMBRIDGE			
ADDRESS 575 MEMO	RIAL DR.				
CITY/TOWN: CAMB	RIDGE	STATE: MA	ZIP COI	DE: 02139	
MANAGER: NICHO	LS, STACEYTYPI	E OF LICENSE: Inn	holder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMISI	ES:			
15 FLRS. & BASEMEN TERRACE ON 2ND FI 16TH FL; 1 BANQUET 2ND FL.	L; 1 MEETING SPA	ACE W/ TERRACE	ON 3RD FL	; 1 BANQUET RN	M.ON
I hereby certify and swe	ar under penalties of	of perjury that:			
		ne same type for the	•		
		all laws of the Comm		ating to taxes; and	
3. the premises	are now open for b	ousiness (If not expla	ain below)		
SIGNED BY	ndividual, Partner o	or Authorized Corpo	orate Officer		
DATE:			EME	N OVED IDENTIFICA	TION AND MADED
DATE.	TELEPHONE	Z NUMBER:		LOYER IDENTIFICA OT Individual Social	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	pector and the head	l of the fire d	epartment for the	e above
Please Check Below:			LOCAL L	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	l		-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600160		CITY OR TOWN	CAMBRIDGE
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MSNP CAMBRIDO	GE ACQUISITION	LLC	
DOING BUSINESS A	A COURTYARD B	Y MARRIOT		
ADDRESS 757-68 M	IEMORIAL DR.			
CITY/TOWN: CAM	<b>IBRIDGE</b>	STATE: MA	ZIP CODE:	02139
MANAGER: SCHA	ATZ, TYP HONY	PE OF LICENSE: Inc	holder CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
P	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	LICENSED PREMIS	SES:		
MEETING ROOM,L FUNCTION ROOMS ON 5TH FLR, FLOO	S ON SECOND FLR	, 3 FUNCTION RO	OMS ON THIRD FL	OOR; POOL AREA
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	the same type for the	same premises now l	licensed;
	•		nonwealth relating to	taxes; and
3. the premis	ses are now open for	business (If not expl	ain below)	
SIGNED BY	Individual Partner	or Authorized Corpo	orate Officer	
	11101 / 100011, 1 0101101	51 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	51416 G111661	
DATE:	TELEPHONI	E NIIMRER:	EMPLOYER	IDENTIFICATION NUMBER:
	TEEEI HOIVI	E NOWIDER.	(Note: NOT Indi	vidual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the head	d of the fire departn	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENSI	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	<u> </u>			
(If disapproved explain	in)			<del></del>
			-	<del></del> -
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 016600161		CITY OR TOWN	CAMBRIDG	E
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 201	3
		CLASS		Y	EAR
	ME: MASSACHUSETTS I		ECHNOLOGY		
ADDRESS 50 N	MEMORIAL DRIVE				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02142	
	MYERS, MICHAEL TYPE ( SCOTT	OF LICENSE:CI	ub (	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISES	<b>S</b> :			
LOUNGE, DINI	FLR;PENTHOUSE AND C NG ROOMS, 1 ROOM FOR M. 7TH FLR; REC ROOM A	R MANAGER'S (	QUARTERS,1 GUE		D
I hereby certify	and swear under penalties of	perjury that:			
1. the re	enewed license will be of the	same type for the	e same premises nov	w licensed;	
2. the li	censee has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the p	remises are now open for bus	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	HIMDED.	EMPL OYE	R IDENTIFICATIO	ON NUMBER:
	I ELEPHONE I	NUMBER:		ndividual Social Sec	
Acts of 2004, s	igned, attest that we are in igned by the building inspe and (2) the certificate of liq	ctor and the hea	d of the fire depar	tment for the a	bove
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICEN By:	SING AUTHOI	RITY
DATE:					



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LICENSE NUMBI	ER: 016600163		CITY OR TOWN CA	MBRIDGE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSINES	E: MUSEUM OF S S A MONS.OBRIEN H			
CITY/TOWN: CA	AMBRIDGE	STATE: MA	ZIP CODE: 02	2141
MANAGER: MA	AJOR,PETER T	YPE OF LICENSE: Re	estaurant CATE	GORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	F LICENSED PREM			
		EXHIBIT HALLS. 1  MS AND 2 EXHIBIT	ST FLR; KITCHEN, 2 R HALLS	OOMS AND 6
I hereby certify and	d swear under penalti	es of perjury that:		
1. the rene	ewed license will be	of the same type for the	e same premises now licer	nsed;
2. the lice	nsee has complied w	ith all laws of the Com	monwealth relating to tax	es; and
3. the prer	nises are now open f	or business (If not exp	lain below)	
SIGNED BY	Individual, Partr	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004, sign	ed by the building	inspector and the hea	he certificate required by ad of the fire department urance required by Cha	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	lain)			
(If disapproved exp	piaili)			
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILED BY	Y LICENSEES DURING THE I	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)16600165		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A					
ADDRESS 114 MT. A	UBURN STREET				
CITY/TOWN: CAME	BRIDGE S	STATE: MA	ZIP CODE:	02138	
MANAGER: BERNI IMHOI	· · · · · · · · · · · · · · · · · · ·	F LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI					
TWO DINING ROOM REFRIGERATION AN AREAS					
3. the premises	has complied with all lass are now open for busing the same now open for business the same now open for b	ness (If not expl	ain below)	o taxes; and	
DATE:	TELEPHONE NU	JMBER:	EMPLOYER (Note: NOT Inc	R IDENTIFICAT	
Acts of 2004, signed b	attest that we are in p by the building inspect the certificate of liqu	or and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:016600166		CITY OR T	ΓOWN	CAMBRID	OGE
APPLICATION FOR	R RENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS	A THE RED LI		ILL			
ADDRESS 59 JOHN						
CITY/TOWN: CAN	MBRIDGE	STATE:	MA ZIP CC	DE:	02138	
MANAGER: LEE,	, PATRICK	TYPE OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		UR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS			
DESCRIPTION OF LOUNGE W/ BAR, PATIO; 3 EGRESSE	REAR DINING	ROOM, SEASONA				Έ
2. the license	ved license will be ee has complied	e of the same type for with all laws of the a for business (If not	or the same premis Commonwealth re			
SIGNED BY	Individual, Par	tner or Authorized	Corporate Officer			
DATE:	TELEPF	IONE NUMBER:				TION NUMBER:
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	g inspector and the	head of the fire	departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL I By:	LICENS	SING AUTH	ORITY
			-			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600170		CITY OR TOWN	CAMBRIDG	Е
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	3
	CLASS		Y	EAR
LICENSEE NAME: DIP DOG INC				
DOING BUSINESS A HUNGRY MOTH	IER			
ADDRESS 233 CARDINAL MEDEIROS	AVE.			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02141	
MANAGER: KESSEN, JOHN TYP	E OF LICENSE: Res	staurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS DINING ROOM, LOUNGE AND KITCH I hereby certify and swear under penalties  1. the renewed license will be of t  2. the licensee has complied with  3. the premises are now open for the significant of the signific	ES: IEN ON STREET Fl of perjury that: he same type for the all laws of the Comm	Same premises now nonwealth relating to ain below)	licensed;	RAGE
DATE: TELEPHONI	E NUMBER:		IDENTIFICATIO	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	l of the fire departn	nent for the al	oove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHOR	RITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (	)16600172		CITY	OR TOWN	CAMBRIL	OGE
APPLICATION FOR F	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: (	COLEMAN MURI	RAY, INC				
DOING BUSINESS A	THE FIELD					
ADDRESS 020-24 PRO	OSPECT ST					
CITY/TOWN: CAMB	BRIDGE	STATE: N	1A ZII	P CODE:	02139	
MANAGER: COLEN JEREM		PE OF LICENSE	:Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YO	UR EMAIL ADDI	RESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:				
TWO DININGROOMS WITH CELLAR FOR S THE BACK FOR 64 SI	STORAGE.SEASO	ONAL OUTDOO	OR SEATIN	G ON A PI		
I hereby certify and swe	ear under penalties	of perjury that:				
1. the renewed	license will be of	the same type for	the same pr	remises nov	v licensed;	
2. the licensee	has complied with	all laws of the C	Commonweal	lth relating	to taxes; and	
3. the premises	s are now open for	business (If not e	explain belo	w)		
SIGNED BY	Individual, Partner	or Authorized C	orporate Of	ficer		
				Г		
DATE:	TELEPHON	E NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(1	Note: NOT In	dividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	spector and the	head of the	fire depart	tment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	7		By:			
DISAPPROVED:						
(If disapproved explain	)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual	
Timudi	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: PRESIDENT & FELLOWS OF HAR	RVARD COLL.
DOING BUSINESS A HARVARD FACULTY CLUB	
ADDRESS 20 QUINCY ST	
CITY/TOWN: CAMBRIDGE STATE: MA	A ZIP CODE: 02138
MANAGER: SHAHIDULLAH, TYPE OF LICENSE: CONTROL OF CONTR	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
5 ROOMS AND KITCHEN ON FIRST FLOOR;COCKTA PRIVATE DINING ROOMS ON THE SECOND FLOOR. FLOOR PLUS A FRONT PORCH	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for t	•
2. the licensee has complied with all laws of the Co	
3. the premises are now open for business (If not ex	splain below)
SIGNED BY  Individual Partner or Authorized Con	rporate Officer
SIGNED BY Individual, Partner or Authorized Con	rporate Officer
	rporate Officer
Individual, Partner or Authorized Con	rporate Officer  EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized Con	
Individual, Partner or Authorized Con	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:  DISAPPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600178		CITY OR TOWN	CAMBRID	GE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	
LICENSEE NAME: DOING BUSINESS ADDRESS 125 RIV	A RIVER GODS	CLASS NC			YEAR
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02139	
	NANE, TY QUELINE A.	YPE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
I hereby certify and  1. the renev  2. the licens	LICENSED PREM NSISTING OF DIN swear under penaltic wed license will be of see has complied wi	ING ROOM, BAR, LO	OUNGE, KITCHEN  same premises now monwealth relating t	licensed;	AGE.
DATE:		er or Authorized Corp		O IDENTIFIC AT	ION NUMBER:
DATE.	TELEPHO	NE NUMBER:			ecurity Number)
Acts of 2004, signe	ed by the building i	re in possession (1) th nspector and the hea of liquor liability insu	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01660	00180	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENE	EWAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LUPE	E, INC		
DOING BUSINESS A HEN	NRI RESTAURANT		
ADDRESS 00001A SHEPA	RD ST.		
CITY/TOWN: CAMBRID	GE STATE: MA	ZIP CODE:	02138
MANAGER: O'CONNEL	L, PAULTYPE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENS TWO DINING ROOMS AN I hereby certify and swear ur  1. the renewed licens 2. the licensee has consistent of the premises are resistent of the premise and the premise are resistent of the premise and the premise are resistent of the premise are r	LSO VISIT OUR WEBSITE AND ENTER YOUR SED PREMISES: ID KITCHEN ON FIRST FLOC Inder penalties of perjury that: Use will be of the same type for the Complied with all laws of the Com Inow open for business (If not exp	ne same premises now nmonwealth relating to plain below)	licensed;
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signed by the	t that we are in possession (1) to building inspector and the he certificate of liquor liability ins	ad of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

al LICENSED FOR 2013
SS YEAR
STAURANT, INC.
ANT
MA ZIP CODE: 02140
SE: Restaurant CATEGORY: All Alcohol
YOUR EMAIL ADDRESS
ONE EXIT ON SHERMAN ST, TABLES AND OR.DINING AREA ON SECOND FLOOR reas, in conjunction with food service.
t:
for the same premises now licensed;
e Commonwealth relating to taxes; and
ot explain below)
Corporate Officer
l Corporate Officer
l Corporate Officer
Corporate Officer  EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the me head of the fire department for the above ty insurance required by Chapter 116 of the Acts
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600182		CITY OR TOWN	CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	: CILLSTIFIANN,  A THE DRUID RE  AMBRIDGE STREE	ESTAURANT			
CITY/TOWN: CA		STATE: MA	ZIP CODE:	02139	
				CATEGORY:	A 11 A 1 1 1
	wford, Michael TY	re of License. R	estaurant C	AIEGOKI.	All Alcohol
EMAIL ADDRESS		WERGINE AND ENTER WOULD	EMAIL ADDDEGG		
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMI		EMAIL ADDRESS		
	DINING AND STAN		STORAGE ON TH	IE FIRST FLO	OOR.
	see has complied with		٤	to taxes; and	
	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT ndividual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate o	spector and the he	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 016600183	(	CITY OR TOWN CAMBRI	DGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: P & E RESTAUL	RANT, INC.		
DOING BUSINESS A DESFINA RES	TAURANT		
ADDRESS 202 THIRD ST.			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02141	
MANAGER: MALLAKIS, T'EVELYNE	YPE OF LICENSE: Resta	urant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM			
TWO DINING ROOMS, COOKING A BUILDING AND ONE ON THE SIDE COOKING AREA AND BAR.			
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	of the same type for the sa	ame premises now licensed;	
2. the licensee has complied wi	th all laws of the Commo	nwealth relating to taxes; and	1
3. the premises are now open for	or business (If not explain	n below)	
SIGNED BY Individual, Partn	er or Authorized Corpora	ite Officer	
DATE: TELEBHO		EN ON ONED IDENTIFICA	A THOM AND ADED
TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we a	re in possession (1) the		
Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	_	_	
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600186		CITY OR TOW	N CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: INTERSTATE MA	ANAGEMENT CO	OMPANY, LLC		
DOING BUSINESS	S A THE CHARLES	HOTEL			
ADDRESS 40 UNI	VERSITY RD.				
CITY/TOWN: CA	MBRIDGE	STATE: M	A ZIP CODE:	02138	
MANAGER: ATT	ΓΙΑ, ALEYA TY	PE OF LICENSE:	Innholder	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W		R EMAIL ADDRESS		
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penalties wed license will be of see has complied with ises are now open for	the same type for all laws of the Co	mmonwealth relating		
SIGNED BY	Individual, Partner	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the h	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp.	lain)				
DATE:					



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LICENSE NUMBER: 01660018	37	CITY OR TOWN CAMBRI	DGE
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: PADDY'S DOING BUSINESS A ADDRESS 260 WALDEN ST.	S LUNCH INC.		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: ALLEN, RUTH	TYPE OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE ALSO V	/ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED TWO DINING ROOMS AND R		OR;CELLAR FOR STORAGE	
2. the licensee has comp	will be of the same type for the	monwealth relating to taxes; and	
SIGNED BY Individua	l, Partner or Authorized Corpo	orate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed by the bu	ilding inspector and the hea	e certificate required by Chap d of the fire department for the arance required by Chapter 11	e above
Please Check Below: APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			
APPLICATION FOR RENEWAL MUST BE	FILED BY LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBE	R: 016600188		CITY OR TOWN CAN	IBRIDGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	: C & R CORPORA	ATION, INC.		
DOING BUSINESS	S A JOEY MAC'S			
ADDRESS 23 WAI	RREN ST.			
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE: 0214	41
	LLAHAN, TY NEE L.	PE OF LICENSE: R	estaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
DINING ROOM AN STORAGE	ND BAR ON STREE	ET FLOOR;KITCHE	N ON SECOND FLOOR,C	ELLAR FOR
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	ved license will be o	f the same type for th	e same premises now license	ed;
2. the licens	see has complied wit	th all laws of the Con	nmonwealth relating to taxes	s; and
3. the prem	ises are now open fo	or business (If not exp	olain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	NE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, signe	ed by the building in	nspector and the hea	he certificate required by 6 ad of the fire department four the department four ance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				



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CITY OR TOWN CAMBRIDGE
LICENSED FOR 2013
YEAR
ZIP CODE: 02139
Restaurant CATEGORY: All Alcohol
R EMAIL ADDRESS
ON FIRST FLOOR.COCKTAIL CELLAR FOR STORAGE
he same premises now licensed;
mmonwealth relating to taxes; and
plain below)
plain below)
plain below)
plain below)
porate Officer  EMPLOYER IDENTIFICATION NUMBER:
porate Officer
porate Officer  EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBER: 01	6600191		C	ITY OR TO	)WN	CAMBRIL	)GE
APPLICATION FOR RE	ENEWAL:	Annı	ıal	Ll	ICENS	ED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: W	AGAMAMA B	OSTON ONE	LLC				
DOING BUSINESS A V	WAGAMAMA						
ADDRESS 75 WINTHR	OP ST.						
CITY/TOWN: CAMBR	RIDGE	STATE:	MA	ZIP COD	E:	02138	
MANAGER: OELLER VICTOR		PE OF LICEN	SE:Resta	urant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEA	SE ALSO VISIT OUR V	VEBSITE AND ENTER	R YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICE	ENSED PREM	ISES:					
BASEMENT LEVEL DI ENTRANCE.	NING RM. AN	D KITCHEN.	WINTHI	ROP ST. EN	ITRAN	ICE AND F	REAR
I hereby certify and swea	r under penaltie	s of perjury tha	ıt:				
1. the renewed li	icense will be of	f the same type	for the sa	me premises	s now 1	icensed;	
2. the licensee ha	as complied wit	h all laws of th	e Commo	nwealth rela	ting to	taxes; and	
3. the premises a	are now open fo	r business (If n	ot explain	below)			
SIGNED BY							
In	dividual, Partne	er or Authorized	d Corpora	te Officer			
DATE:	TELEPHON	NE NUMBER:					ΓΙΟΝ NUMBER:
				(Note: NC	<u><b>T</b></u> Indiv	vidual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ir	nspector and t	he head o	f the fire de	epartm	ent for the	e above
Please Check Below:				LOCAL LIC	CENSI	NG AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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LICENSE NU	MBER: 016600192		CITY OR TOWN	CAMBRIDGE	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: GRENDEL'S DE	EN INC.			
DOING BUSI	NESS A				
ADDRESS 89	WINTHROP ST.				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER:	KUELZER, T KAROLINE M	YPE OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol	
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	CMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PREM	IISES:			
BATHROOMS	M WITH BAR, KITCH S, FRONT ENTRANCE 'ABLE SERVICE ON S'	& EXIT, STORAGE			
I hereby certify	and swear under penalt	ies of perjury that:			
1. the	renewed license will be	of the same type for the	e same premises now	licensed;	
2. the	licensee has complied w	ith all laws of the Com	monwealth relating to	o taxes; and	
3. the	premises are now open f	or business (If not expl	lain below)		
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:	
			(Note: NOT Ind	ote: NOT Individual Social Security Number)	
Acts of 2004,	signed by the building	inspector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i explain)				
DATE:			_		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 016600193		CITY OR TOW	N CAMBRID	<b>GE</b>
APPLICATION	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: Shilla, Inc				
DOING BUSIN	ESS A				
ADDRESS 57	JFK STREET				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02138	
	YOON, KWANG- TYPE HYUN	OF LICENSE:Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
	OF LICENSED PREMISE				
WDINING ROOM, SUSHI BAR, KITCHEN, 2 RESTROOMS, LOUNGE AND WAITING AREA, 120 SEATS ( 32 BANKED) ON THE SECOND FLOOR OF 57 JFK STREET					
I hereby certify and swear under penalties of perjury that:					
1. the re	enewed license will be of the	e same type for the	e same premises no	w licensed;	
2. the li	icensee has complied with a	ll laws of the Com	monwealth relating	g to taxes; and	
3. the p	remises are now open for bu	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner of	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
<b>Acts of 2004, s</b>	igned, attest that we are in igned by the building insp and (2) the certificate of li	ector and the hea	d of the fire depar	rtment for the	above
Please Check Below	<u>v:</u>		LOCAL LICEN	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					
			<u> </u>		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600194		CITY OR TOWN	CAMBRIDGE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	TOMMY DOYLE'S	PUB & RESTAU	RANT,LLC	
DOING BUSINESS	A TOMMY DOYLE	'S PUB & RESTA	URANT	
ADDRESS 96 WINT	HROP ST.			
CITY/TOWN: CAM	<b>IBRIDGE</b>	STATE: MA	ZIP CODE:	02138
MANAGER: TING H.	LE,GARRETT TYPI	E OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISI	ES:		
BASEMENT: STOR ROOM, KITCHEN/E TABLES AND CHA MENTSEASONA	BAR;RETAIL COUN IRS MAY BE REMO	TER. DINING RC	OM, STAGE, LOUN	IGE AND BAR,
I hereby certify and s	wear under penalties o	of perjury that:		
	ed license will be of the	• •	•	
	ee has complied with a		_	o taxes; and
3. the premis	ses are now open for b	ousiness (If not exp	lain below)	
SIGNED BY	Individual, Partner of	or Authorized Corp	oorate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building insp	pector and the hea	nd of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:	<b>—</b>		By:	
DISAPPROVED: [ (If disapproved expla	in)			
(11 disappioved expla	111 <i>)</i>			
DATE:				



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LICENSE NUMBER:	010000195		CITY OR TOW	N CAMBRIL	JGE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	HOPPY, INC.				
DOING BUSINESS A	DAEDALUS				
ADDRESS 45 1/2 MT	'.AUBURN ST				
CITY/TOWN: CAMI	BRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: HOPK LAUR	the state of the s	YPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	CENSED PREM	IISES:			
2 FLOORS AND BAS ON 1ST FLOOR. DIN BUILDING CONSIST occupancy capacity	ING RM ON 2N	D FLOOR STORAGE	AND PREP RM	IN BASEMEN	IT.
I hereby certify and sw	ear under penalti	es of perjury that:			
1. the renewed	l license will be o	of the same type for the	e same premises no	ow licensed;	
2. the licensee	has complied wi	th all laws of the Com	monwealth relating	g to taxes; and	
3. the premise	s are now open for	or business (If not expl	ain below)		
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building i	inspector and the hea	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	-	ITY OR TOWN CAMBRIL	/OL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BERTUCCI'S RES	STAURANT CORP.		
DOING BUSINESS A BERTUCCI'S BR	RICK OVEN RISTORA	NTE	
ADDRESS 21 BRATTLE STREET			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: LANDAVERDE, TYPERIN	PE OF LICENSE: Restau	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMAIL	L ADDRESS	_
DESCRIPTION OF LICENSED PREMIS	SES:		
RESTAURANT IS AT GROUND LEVE WITH A TOTAL SEATING CAPACITY WITH ADDITIONAL EXIT IN REAR	Y OF 86. STORAGE AN	ND KITCHEN ON FIRST FL	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	• •	•	
2. the licensee has complied with			
3. the premises are now open for	business (If not explain	below)	
SIGNED BY  Individual Partner	or Authorized Corporat	te Officer	
marvidai, rather	of Humorized Corporat	ic officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:
TELEFHON	E NOMBER.	(Note: NOT Individual Social S	
We the undersigned, attest that we are	in neggession (1) the e	antificate required by Chapt	
Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head of	f the fire department for the	above
named license and (2) the certificate of	spector and the head of fliquor liability insuran	f the fire department for the	e above 6 of the Acts
named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	spector and the head of liquor liability insura	f the fire department for the nce required by Chapter 110	e above 6 of the Acts
named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	spector and the head of liquor liability insura	f the fire department for the nce required by Chapter 110 LOCAL LICENSING AUTH	above 5 of the Acts
named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	spector and the head of liquor liability insura	f the fire department for the nce required by Chapter 110 LOCAL LICENSING AUTH	e above 6 of the Acts
named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	spector and the head of liquor liability insura	f the fire department for the nce required by Chapter 110 LOCAL LICENSING AUTH	e above 6 of the Acts



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LICENSE NUMI	BER: 016600198		CIT	Y OR TOWN	CAMBRID	GE
APPLICATION 1	FOR RENEWAL:	Annu	al	LICEN	NSED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAM	ME: MARSH POST	Γ, NO. 442 THE A	MERICAN	LEGION, IN	C.	
DOING BUSINE	ESS A					
ADDRESS GER	RY'S LANDING					
CITY/TOWN: (	CAMBRIDGE	STATE:	MA	ZIP CODE:	02138	
MANAGER: G	bray, Diane M.	TYPE OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL A	ADDRESS		•
DESCRIPTION (	OF LICENSED PRE	EMISES:				
	KTAIL LOUNGE, I RIAL RM, POOL T					
I hereby certify a	nd swear under pena	lties of perjury tha	t:			
1. the rea	newed license will be	e of the same type	for the same	e premises nov	w licensed;	
	ensee has complied			•	to taxes; and	
3. the pro	emises are now open	for business (If no	ot explain be	elow)		
SIGNED BY	Individual, Par	tner or Authorized	Corporate	Officer		
DATE:	TELEPH	IONE NUMBER:		EMPLOYE	ER IDENTIFICAT	ION NUMBER:
	12221			(Note: NOT Ir	ndividual Social S	ecurity Number)
We the undersid	gned, attest that we	are in necession	(1) the cor	tificata regui	red by Chante	or 304 of the
	gned by the building					
named license a of 2010.	nd (2) the certificat	te of liquor liabili	ty insuranc	e required by	Chapter 116	of the Acts
Please Check Below: APPROVED:					SING AUTHO	ORITY
DISAPPROVED			В	y:		
(If disapproved e	<del></del>		_			
			_			
			_			
DATE:			_			
APPLICATION FOR RE	ENEWAL MUST BE FILED	BY LICENSEES DURING	G THE MONTH	OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	iA)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	SER: 016600199		CITY OR TOWN	CAMBRIDGE
APPLICATION F	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: JMRSS RESTAU	RANTS INC		
DOING BUSINE	SS A TAVERN IN TH	IE SQUARE PORT	ER	
ADDRESS 1815	MASS. AVE.			
CITY/TOWN: C	CAMBRIDGE	STATE: MA	ZIP CODE:	02140
MANAGER: Al	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION C	OF LICENSED PREMI	SES:		
	/ITH OUTDOOR PAT FRONT, ONE SIDE I			
I hereby certify an	nd swear under penaltie	s of perjury that:		
1. the ren	ewed license will be of	the same type for the	ne same premises now	licensed;
	ensee has complied with		_	taxes; and
3. the pre	mises are now open for	business (If not exp	plain below)	
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer	
DATE:			EMBLOVED	IDENTIFICATION NUMBER.
DATE.	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, sig	ned by the building in	spector and the he	ad of the fire departn	nd by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	aplain)			
DATE:			<u>-</u>	



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LICENSE NUME	3EK: 016600200		CITY OR TOWN	CAMIDKIDGE
APPLICATION I	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: LEGAL SEA	FOODS		
DOING BUSINE	SS A LEGAL SE	A FOODS		
ADDRESS 20 UI	NIVERSITY ROA	D		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02138
MANAGER: E	CHEVARRIA, ENNIFER	TYPE OF LICENSE: Res	staurant C	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION (	OF LICENSED PR	EMISES:		
AND KITCHEN	ON 2ND FLOOR,	IG ROOM, COCKTAIL L INCREASE CAPACITY I AREA; INCREASE IN CA	FROM 233 TO 24 6	5. ( CHANGE FLOOR
I hereby certify an	nd swear under pen	alties of perjury that:		
1. the rer	newed license will	be of the same type for the	same premises now	licensed;
2. the lice	ensee has complied	l with all laws of the Comm	nonwealth relating t	to taxes; and
3. the pre	emises are now ope	en for business (If not expla	ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sig	ned by the buildi	e are in possession (1) the ng inspector and the head ate of liquor liability insu	l of the fire depart	
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCAL LICENS By:	SING AUTHORITY
Table 1	r/			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 016600201		CITY OR TOWN	CAMBRIDGE		
APPLICATION FO	OR RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS		YEAR		
LICENSEE NAME	: CAMBRIDGE	E MALL LIQ CO INC				
DOING BUSINESS	S A Cambridge W	Vine & Spirits				
ADDRESS 202 AL	EWIFE PARKW	AY				
CITY/TOWN: CA	MBRIDGE	STATE: M	A ZIP CODE:	02138		
	UNG, CHAEL J.	TYPE OF LICENSE:	Package Store C	ATEGORY: All Alcohol		
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF	F LICENSED PRE	EMISES:				
IN ADDITION TO	2,500 SQ. FT. UI		STORAGE AND OFF	Q. FT. ,SALES AREA) ICE, W/SEPERATE		
I hereby certify and	swear under pena	alties of perjury that:				
1. the renev	wed license will b	e of the same type for	the same premises now	licensed;		
2. the licen	see has complied	with all laws of the Co	mmonwealth relating t	to taxes; and		
3. the prem	nises are now oper	n for business (If not ex	xplain below)			
SIGNED BY	T 11 1 1 1 D		0.00			
	Individual, Pai	rtner or Authorized Co	rporate Officer			
DATE.						
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)			
			(110te. <u>1101</u> III	dividual Social Security (validely)		
Please Check Below:			LOCAL LICENS	SING AUTHORITY		
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	lain)		-			
DATE:			-			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01660	)202	CITY OR TOWN CAMBRI	IDGE
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FRESH DOING BUSINESS A SAV			
ADDRESS 233 ALEWIFE I	BROOK PKWY.		
CITY/TOWN: CAMBRIDO	GE STATE: MA	A ZIP CODE: 02138	
MANAGER: WEINER,MI	CHAELTYPE OF LICENSE:	Package Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENS 233 ALEWIFE BROOK PKV		LDING SPACE 20' X 84' COMP	RISED OF
3. the premises are n	omplied with all laws of the Colow open for business (If not ex		1
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	HORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BEK: 010000203		CITY OR TOWN CAMBR	IDGE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: VIOLETTE W	INE CELLARS, INC.		
DOING BUSINI	ESS A			
ADDRESS 1 BE	ELMONT ST			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: I	KZIRIAN, RICHARD A.	TYPE OF LICENSE: Pa	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	EMISES:		
USING ONE HASTREET. LONG WINE RACKS A	ALF OF BASEMEN' G NARROW ROOM ALONG 33' WALL	T SPACE AT 1 BELMO WITH ONE ENTRAN AND FRONT AND SID	ENT FOR STORAGE IN 2 ROO ONT STREET AND 2 HOLWO CE; ONE EXITAPPROX. 400 DE WALLSDISPLAY BOXE NEAR FT=340 LINEAR FT	RTHY SQ. FT.
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	enewed license will be	e of the same type for th	e same premises now licensed;	
2. the lie	censee has complied	with all laws of the Com	nmonwealth relating to taxes; an	d
3. the pr	remises are now oper	n for business (If not exp	plain below)	
SIGNED BY	Individual, Par	rtner or Authorized Corp	porate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below APPROVED: [ DISAPPROVED (If disapproved 6)	D:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600	204	CITY OR TOWN CAMBRIL	JGE
APPLICATION FOR RENEW	/AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CARDU DOING BUSINESS A CARD ADDRESS 6 BRATTLE STR	OULLO'S		
CITY/TOWN: CAMBRIDG		ZIP CODE: 02138	
	ONEZ TYPE OF LICENSE:Pa		Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
SALES ROOM ON FIRST FL	OOR		
I hereby certify and swear und	er penalties of perjury that:		
2. the licensee has con	will be of the same type for the implied with all laws of the Com w open for business (If not exp	monwealth relating to taxes; and	
SIGNED BY Individ	ual, Partner or Authorized Corp	orate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600205	CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL: Ann	uual LICENSED FOR 2013
CLA	ASS YEAR
LICENSEE NAME: BROADWAY MARKETPLAC DOING BUSINESS A ADDRESS 468 BROADWAY	E LLC
CITY/TOWN: CAMBRIDGE STATE:	MA ZIP CODE: 02138
MANAGER: BOUGAS, TYPE OF LICE CHARLES	NSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTIT	ER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE RETAIL ROOM MAIN FLOOR; COOLER, ST	ORAGE AREA AND CELLAR STORAGE
<ol> <li>the renewed license will be of the same typ</li> <li>the licensee has complied with all laws of t</li> <li>the premises are now open for business (If</li> </ol>	he Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorize	ed Corporate Officer
DATE: TELEPHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016	600206		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: HA	NARUM CORPOR	RATION			
DOING BUSINESS A FI	RST UNITED MA	RKET			
ADDRESS 271 BROOKI	INE STREET				
CITY/TOWN: CAMBRI	DGE	STATE: MA	ZIP CODE:	02139	
MANAGER: SUN H.JC	SEY TYPE (	OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF LICE ONE ROOM FOR RETAI CELLAR FOR STORAGI	L SALES AND O		STORAGE ON FIR	ST FLOOR V	WITH
3. the premises ar	e now open for bus	iness (If not expl	,	o taxes; and	
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600207		CITY OR TOWN	CAMBRIL	OGE .
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		:. OTHERS LIQUOR ST	ORE		
ADDRESS 1144- 54	CAMBRIDGE S'	TREET			
CITY/TOWN: CAN	IBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: PABI GUR	LA, T INDER L	YPE OF LICENSE: Pa	ckage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
		LVING IN THE FIRS ST FLOOR WALL, 12			
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for th	e same premises nov	w licensed;	
2. the license	ee has complied w	rith all laws of the Com	monwealth relating	to taxes; and	
3. the premis	ses are now open f	for business (If not exp	lain below)		
SIGNED BY					
	Individual, Parti	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT I	ndividual Social S	ecurity Number)
Please Check Below:			LOCAL LICEN	CINC AUTH	ODITV
APPROVED:			LOCAL LICEN By:	ISING AUTH	JKII I
DISAPPROVED:			Dy.		
(If disapproved expla	in)		-		
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600208	C	ITY OR TOWN	CAMBRID	GE		
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13		
	CLASS		,	YEAR		
LICENSEE NAME: VIJETA CORPORATION						
DOING BUSINESS A PROSPECT LIQUOR						
ADDRESS 1226 CAMBRIDGE STREE						
CITY/TOWN: CAMBRIDGE ST.	ATE: MA	ZIP CODE:	02139			
MANAGER: PATEL, DHIRU K. TYPE OF I	JCENSE: Packa	ige Store CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAI	L ADDRESS				
DESCRIPTION OF LICENSED PREMISES:						
ONE ROOM FOR RETAIL SALES WITH SMAFLOOR	LL OFFICE AN	ND STORAGE AF	REA ON FIR	ST		
I hereby certify and swear under penalties of perj.  1. the renewed license will be of the sam  2. the licensee has complied with all law  3. the premises are now open for busines	e type for the sa s of the Commo	nwealth relating to				
SIGNED BY Individual, Partner or Autl	norized Corpora	te Officer				
DATE: TELEPHONE NUM	IBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHO	ORITY		
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	016600210		CITY OR TOWN CAMBR	IDGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A				
ADDRESS 208-12 CC	ONCORD AVE			
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER: BECK	ER, RENE L. T	YPE OF LICENSE: Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	IISES:		
ONE WALL OF EXIS		STORE CONSISTIN	IG OF 2 ROOMS ON FIRST F	LOOR AND
2. the licensee	e has complied with a sare now open for			d
	marviauai, i arti	er of Authorized Corp	orate officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 016600211		CITY OR TOWN CAMBR	IDGE
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSIN		ON FRUIT ORCHARD,IN T	IC.	
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER:	SAIDNAWEY, THOMAS M.	TYPE OF LICENSE:P	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED F OOR WAREHOUS	PREMISES: E CONTAINING APPRO	X 15,000 SF.	
1. the 2. the 3. the	renewed license wil	• •	ne same premises now licensed; namonwealth relating to taxes; an olain below)	d
SIGNED BY	Individual,	Partner or Authorized Corp	porate Officer	
DATE:	TELF	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J16600212		CITY OR TO	JWN CAMBRI	DGE
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS	S		YEAR
LICENSEE NAME:	THE BOSTON	FOOD COOPERA	TIVE, INC.		
DOING BUSINESS A	HARVEST CO	O-OP SUPERMAR	KET		
ADDRESS 580 MASS	ACHUSETTS .	AVENUE			
CITY/TOWN: CAME	BRIDGE	STATE:	MA ZIP COL	DE: 02139	
MANAGER: CUTLE	ER, MARC T	TYPE OF LICENS	E:Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREI	MISES:			
1ST FLR; 12,000 SQ F AT MASS AVE, ESSE SALE OR CONSUMP	EX ST AND NO	ORFOLK ST. ALC	OHOL WILL NOT	BE ALLOWED	FOR
I hereby certify and swe	ear under penal	ties of perjury that:			
• •	-		or the same premise	s now licensed;	
2. the licensee	has complied v	vith all laws of the	Commonwealth rela	ating to taxes; and	
3. the premises	s are now open	for business (If not	explain below)		
SIGNED BY					
	Individual, Part	ner or Authorized (	Corporate Officer		
DATE:					
DATE.	TELEPHO	ONE NUMBER:		LOYER IDENTIFICA <u>OT</u> Individual Social	
			(******	<u> </u>	security (vaniser)
Please Check Below: APPROVED:				CENSING AUTH	IORITY
DISAPPROVED:	]		By:		
(If disapproved explain	ı) 1				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0166002	213	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENEW	Annual Annual	LICENS	SED FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: LIBBYS	MARKET INC		
DOING BUSINESS A LIBBY	'S LIQUOR MARKET		
ADDRESS 575 MASS AVE			
CITY/TOWN: CAMBRIDGE	STATE:	MA ZIP CODE:	02139
MANAGER: PABLA, AMR	IK S. TYPE OF LICENS	E:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
MAIN STORE WITH SMALI FOR STORAGE	AREA PARTITIONED,	OFFICE ON FIRST FLOO	OR AND CELLAR
I hereby certify and swear under	er penalties of perjury that:		
1. the renewed license	will be of the same type for	or the same premises now	licensed;
2. the licensee has cor	nplied with all laws of the	Commonwealth relating to	taxes; and
3. the premises are no	w open for business (If not	explain below)	
SIGNED BY			
	ual, Partner or Authorized	Corporate Officer	
DATE:	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)		<del></del>	
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 016600214	CITY	OR TOWN	CAMBRID	GE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	M & E LIQUORS A DANA HILL LIQUORS				
ADDRESS 910 MA	_				
CITY/TOWN: CAI		ATE: MA Z	IP CODE:	02139	
					A11 A111
	ENBLUM, TYPE OF I TLANA	LICENSE: Package S	otore C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMAIL ADI	DRESS		
	LICENSED PREMISES:				
	E; STORAGE IN BASEME OOLER, 3RD BEER COOL				
I hereby certify and	swear under penalties of perj	ury that:			
	ved license will be of the sam	-	premises now	licensed;	
2. the licens	ee has complied with all law	s of the Commonwe	alth relating t	o taxes; and	
3. the premi	ses are now open for busines	ss (If not explain bel	ow)		
SIGNED BY					
	Individual, Partner or Aut	horized Corporate O	fficer		
	Individual, Partner or Aut	horized Corporate O	fficer		
	Individual, Partner or Aut	horized Corporate O	fficer		
DATE:	Individual, Partner or Aut	1BER:	EMPLOYER		TION NUMBER:
DATE:		1BER:	EMPLOYER		TON NUMBER: ecurity Number)
DATE:		1BER:	EMPLOYER		
DATE:  Please Check Below:		1BER:	EMPLOYEI (Note: <u>NOT</u> Inc	lividual Social S	ecurity Number)
		IBER: LOG	EMPLOYEI (Note: <u>NOT</u> Inc		ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NUM	1BER:	EMPLOYEI (Note: <u>NOT</u> Inc	lividual Social S	ecurity Number)
Please Check Below: APPROVED:	TELEPHONE NUM	IBER: LOG	EMPLOYEI (Note: <u>NOT</u> Inc	lividual Social S	ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NUM	IBER: LOG	EMPLOYEI (Note: <u>NOT</u> Inc	lividual Social S	ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NUM	IBER: LOG	EMPLOYEI (Note: <u>NOT</u> Inc	lividual Social S	ecurity Number)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 010000215		CITY OR TOWN CAMBR	IDGE
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: KAPSCO II NESS A CELLAR V			
ADDRESS 00	991B MASS AVE			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	CARTER, MARILYN	TYPE OF LICENSE:P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDE	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
GROUND FLO	OOR CONSISTING	OF APPROXIMATELY	1350 SQ FT WITH THREE RO	OMS
2. the	licensee has complie	* *	ne same premises now licensed; namonwealth relating to taxes; and plain below)	d
SIGNED BY	Individual, I	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600216	(	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: NORTON BEVER	AGE CO.		
DOING BUSINESS A			
ADDRESS 2451 MASS AVE			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02140
MANAGER: TEEVEN, TYPE MATTHEW J.	PE OF LICENSE: Pack	age Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
ONE LARGE ROOM WITH BACK ROOF FOR STORAGE	OM FOR STORAGE (	ON STREET FLOC	OR WITH CELLAR
the licensee has complied with     the premises are now open for  SIGNED BY  Individual, Partner		n below)	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below:			ING AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	016600217		CITY OR TOWN	CAMBRIDG	E
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
LICENSEE NAME: I	HARVARD WINE	COMPANY			
DOING BUSINESS A					
ADDRESS 1664- 1666	MASS AVE.				
CITY/TOWN: CAME	RIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: BLACK F.	X III, JAMES TYPI	E OF LICENSE: Pac	kage Store CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
ONE ROOM FOR RET BASEMENT FOR STO		I OFFICE AND STO	ORAGE ON FIRST	FLOOR AND	
3. the premises	=	all laws of the Comn ousiness (If not expla	_	taxes; and	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATIO	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHOR	RITY
DISAPPROVED:			By:		
(If disapproved explain	)				
DATE:					
<b> ·</b>					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600218		CITY OR TOWN CAMBR	JDGE
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 2225 MA	A	N FRUIT ORCHARD, IN	NC.	
CITY/TOWN: CAN		STATE: MA	ZIP CODE: 02138	
MANAGER:	IDICIDOL	TYPE OF LICENSE: Pa		Y: All Alcohol
EMAIL ADDRESS:		TITE OF EICENSE.TO	erage store erribook	T. THI THEORIOI
L	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PR	EMISES:		
THREE ROOMS WI ENTRANCES AT 21			ND 3 CELLARS FOR STORAG	GE.
2. the license	ee has complied ses are now ope	• •		ıd
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSING AUT By:	`HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	6600219		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: C'I	EST BON MARI	KET & LIQUORS	INC		
DOING BUSINESS A	EEST BON LIQU	JORS			
ADDRESS 1436 M ASS	ACHUSETTS A	VENUE			
CITY/TOWN: CAMBR	IDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: SARKIS,	GEORGE TYP	E OF LICENSE:	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMIS	ES:			
FIRST FLOOR LEVEL ( KITCHEN IN BASEME STORAGE IS 250 LINE	NT. SPACE ALI				
3. the premises a	are now open for	business (If not ex			
111	arviduai, i artiici	or Muniorized Cor	portite Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:			-		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	010000220		CITY OR TOWN CAMBRI	DGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 598 614 M	SUPREME LIQUO			
CITY/TOWN: CAM		STATE: MA	ZIP CODE: 02139	
MANAGER: WALS				: All Alcohol
EMAIL ADDRESS:	·			
	LEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISI	ES:		
FOR LIQUOR, WINE	AND GROCERIES	; 158' WOODEN W	955' OF LINEAR STEEL SHEI VINE RACKS, FIVE DISPLAY I AND OFFICE IN REAR. B.	7
I hereby certify and sw	vear under penalties o	of perjury that:		
1. the renewe	d license will be of th	e same type for the	same premises now licensed;	
2. the licensee	e has complied with a	ll laws of the Comn	nonwealth relating to taxes; and	I
3. the premise	es are now open for b	usiness (If not expla	nin below)	
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:	$\neg$		By:	
DISAPPROVED: (If disapproved explain	 n)			
(11 disapproved explain	/			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 016600221		CITY OR TOWN CAMBRI	DGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	NESS A	GE BREWING COMPANY	Y, INC.	
ADDRESS ON	NE KENDALL SQU	ARE		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	BANNATYNE, PHILIP C.	TYPE OF LICENSE: Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
	N OF LICENSED P			
		RMENTING ROOMS, BA OR WITH OUTSIDE SEAS	R, 2 DININ G ROOMS OFFICI SONAL SEATING	E AND
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to taxes; and	l
3. the	premises are now op	en for business (If not expl	lain below)	
SIGNED BY	Individual, l	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the build	ing inspector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	ie above
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
DISAPPROVI (If disapproved			Ву:	
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 010000222		CITY OR TOWN CAMBR	ADGE
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	ALBERT'S MAR	KET, INC.		
DOING BUSINESS	A			
ADDRESS 638 CAN	MBRIDGE ST.			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE: 02141	
	QUEZ, ROSA TY RIZA	YPE OF LICENSE: Pa	ckage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
VARIETY STORE V	WITH ONE ROOM	I AND REAR STORA	AGE ROOM WITH OFFICE.	
3. the premi		or business (If not expl		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Below: APPROVED:			LOCAL LICENSING AUT	THORITY
DISAPPROVED:			By:	
(If disapproved expla	ain)			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	16600224		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR RI	ENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: Y	EMESRACH K.	BAHIRU			
DOING BUSINESS A	DUDLEY STRE	ET MARKET			
ADDRESS 75 DUDLEY	Y STREET				
CITY/TOWN: CAMBI	RIDGE	STATE: MA	ZIP CODE:	02140	
MANAGER: BAHIRU YEMES	J, TYI RACH K.	PE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		•
DESCRIPTION OF LIC	ENSED PREMIS	SES:			
MAIN STORE ON FIRS STORAGE	ST FLOOR WIT	H 2 BACK ROOMS	FOR STORAGE AN	ID CELLAR	FOR
3. the premises SIGNED BY	are now open for	business (If not exp	·	taxes; and	
Ir	idividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:  CLASS  CLASS  YEAR  LICENSEE NAME: FRESH POND MARKET, CO.  DOING BUSINESS A FRESH POND MARKET. CO  ADDRESS 358A HURON AVE & 37 GURNEY STS  CITY/TOWN: CAMBRIDGE  STATE: MA  ZIP CODE: 02138  MANAGER: NAJARIAN, MARC TYPE OF LICENSE:Package Store  CATEGORY: Wine a Malt R  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)	
LICENSEE NAME: FRESH POND MARKET, CO.  DOING BUSINESS A FRESH POND MARKET. CO  ADDRESS 358A HURON AVE & 37 GURNEY STS  CITY/TOWN: CAMBRIDGE STATE: MA ZIP CODE: 02138  MANAGER: NAJARIAN, MARC TYPE OF LICENSE: Package Store CATEGORY: Wine a Malt R  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
DOING BUSINESS A FRESH POND MARKET. CO  ADDRESS 358A HURON AVE & 37 GURNEY STS  CITY/TOWN: CAMBRIDGE STATE: MA ZIP CODE: 02138  MANAGER: NAJARIAN, MARC TYPE OF LICENSE: Package Store CATEGORY: Wine a Malt R  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
ADDRESS 358A HURON AVE & 37 GURNEY STS  CITY/TOWN: CAMBRIDGE STATE: MA ZIP CODE: 02138  MANAGER: NAJARIAN, MARC TYPE OF LICENSE: Package Store CATEGORY: Wine a Malt R  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
CITY/TOWN: CAMBRIDGE STATE: MA ZIP CODE: 02138  MANAGER: NAJARIAN, MARC TYPE OF LICENSE:Package Store CATEGORY: Wine a Malt R  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
MANAGER: NAJARIAN, MARC TYPE OF LICENSE: Package Store CATEGORY: Wine a Malt R  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
DESCRIPTION OF LICENSED PREMISES:  MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
MAIN STORE AND BACK ROOM FOR STORAGE AND CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
<ol> <li>the renewed license will be of the same type for the same premises now licensed;</li> <li>the licensee has complied with all laws of the Commonwealth relating to taxes; and</li> </ol>	
SIGNED BY	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security No.)	
Please Check Below: APPROVED: By:	
APPROVED: By:  DISAPPROVED: By:	_
APPROVED: By:	 



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 016600227		CITY OR TOWN CAMBRI	IDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: VENUS INTERNAT NESS A 7-ELEVEN	TIONAL, INC		
ADDRESS 36	-40 JOHN F. KENNEDY ST	'REET		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER:	AYALEW., HABTE TYPE M.	OF LICENSE: Pac	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	ES:		
RETAIL GRO	CERY STORE ON FIRST F	LOOR AND STOR	RAGE IN THE BASEMENT	
1. the 2. the		e same type for the	same premises now licensed; monwealth relating to taxes; and ain below)	i
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

	CITY OR TOWN CAMBRII	OGE
Annual	LICENSED FOR 2	013
CLASS		YEAR
NE SHOP, INC.		
STATE: MA	ZIP CODE: 02140	
PE OF LICENSE: Pacl	kage Store CATEGORY:	All Alcohol
EBSITE AND ENTER YOUR EM	AIL ADDRESS	
SES:		
HOL		
s of perjury that:		
* *	•	
all laws of the Comm	onwealth relating to taxes; and	
business (If not expla	in below)	
	0.00	
or Authorized Corpor	rate Officer	
IE NUMBER:	EMPLOYER IDENTIFICA	
	(Note: <u>NOT</u> Individual Social S	Security Number)
	LOCAL LICENSING AUTH	ORITY
	By:	
	Annual CLASS TNE SHOP, INC.  STATE: MA PE OF LICENSE: Pack EBSITE AND ENTER YOUR EM SES: HOL s of perjury that: the same type for the se a all laws of the Common business (If not explant	CLASS NE SHOP, INC.  STATE: MA ZIP CODE: 02140 PE OF LICENSE: Package Store CATEGORY:  EBSITE AND ENTER YOUR EMAIL ADDRESS SES: HOL s of perjury that: the same type for the same premises now licensed; a all laws of the Commonwealth relating to taxes; and business (If not explain below)  To Authorized Corporate Officer  EMPLOYER IDENTIFICATION (Note: NOT Individual Social in LOCAL LICENSING AUTHOR)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0166	00232	C	ITY OR TOWN	CAMBRID	GE
APPLICATION FOR REN	EWAL:	Annual	LICENS	SED FOR 20	013
	ſ	CLASS			YEAR
LICENSEE NAME: DUR	MUT CORPORATION	N			
DOING BUSINESS A TE	DESCHI FOOD SHOP				
ADDRESS 321 BROADW	AY				
CITY/TOWN: CAMBRID	OGE STA	TE: MA	ZIP CODE:	02140	
MANAGER: RAHMAN,	SALMA TYPE OF LI	CENSE: Packa	ge Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE .	ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL	LADDRESS		
DESCRIPTION OF LICEN	ISED PREMISES:				
FIRST FLOOR CONVENI THREE COOLER DOORS AND STORAGE OF BEEF	, ONE WINE DISPLA	Y, AND ONE			
I hereby certify and swear u	ander penalties of perju	ry that:			
• •	nse will be of the same	•	me premises now	licensed;	
	complied with all laws		=		
3. the premises are	now open for business	(If not explain	below)		
SIGNED BY					
Indiv	vidual, Partner or Autho	orized Corporat	e Officer		
DATE:	TELEPHONE NUME	BER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTUG	DITV
APPROVED:			By:	ING AUTHO	JKII I
DISAPPROVED:			Бу.		
(If disapproved explain)					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 016600233		CITY OR TOWN	CAMBRIDGE	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: MUSEUM M	ARKET CORPORATIO	N		
DOING BUSI	NESS A				
ADDRESS 12	MUSEUM WAY				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02141	
MANAGER:	ZAMMUTO, DEBORAH	TYPE OF LICENSE:P	ackage Store C.	ATEGORY: All Alcohol	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PR	REMISES:			
		E ENTRANCE. OPPOSI IERCHANDISE DISPLA			
		STORAGE AREA, GAR		,	
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	e same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Con	nmonwealth relating t	o taxes; and	
3. the	premises are now ope	en for business (If not exp	olain below)		
SIGNED BY			0.55		
	Individual, P	artner or Authorized Cor	oorate Officer		
					1
					_
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER:	
			(Note: NOT Inc	lividual Social Security Number)	
Please Check Belo	DW:		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)		-		
DATE:			-		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600234		CITY OR TOWN	CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: DARWIN LTD.				
DOING BUSINESS	S A DARWIN LTD.				
ADDRESS 148 MT	. AUBURN STREET				
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: DAI T.	RWIN, STEVEN TYPI	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
	TORE/CAFE APPR. 1 TRANCES AND EXITS			ERAGES RI	ETAIL
	see has complied with a ises are now open for b  Individual, Partner o	ousiness (If not expla	nin below)		
	·	·			
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	lain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600235		CITY OR TOWN CA	MIDRIDGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 675-99		OMPANY, INC		
		CTATE. MA	ZID CODE. 03	120
CITY/TOWN: CA		STATE: MA		138
MANAGER: HEC J.	GARTY, JAMES TYPE	OF LICENSE: Pac	ckage Store CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMISE ALES AREA/ OFFICE		NDISE IN REAR appro	ox 2185 sq ft
	see has complied with al ises are now open for bu  Individual, Partner or	siness (If not expl		es; and
DATE:	TELEPHONE I	NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED:			LOCAL LICENSING By:	AUTHORITY
DISAPPROVED:			2).	
(If disapproved expl	ain)			
DATE:				
DATE.				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	10000237		CITYO	K IUW	N CAMBRI	DGE
APPLICATION FOR RI	ENEWAL:	Annual		LICE	ENSED FOR	2013
		CLASS				YEAR
LICENSEE NAME: W			JP, INC			
ADDRESS 340 RIVER	STREET					
CITY/TOWN: CAMBI	RIDGE	STATE: N	AA ZIP	CODE:	02139	
MANAGER: De Vito,	Philip J. TY	YPE OF LICENSE	:Package Stor	re	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRE	SS		
DESCRIPTION OF LIC						
RETAIL STORE ON FI	RST FLOOR U	TILIZING 1003 S	Q FT. FOR V	VINE A	ND MALT DI	ISPLAY.
I hereby certify and swea	ar under penalti	es of perjury that:				
1. the renewed l	icense will be o	of the same type fo	r the same pre	mises no	w licensed;	
2. the licensee h	as complied wi	th all laws of the C	Commonwealtl	h relating	g to taxes; and	l
3. the premises	are now open fo	or business (If not	explain below	·)		
SIGNED BY	ndividual, Partn	er or Authorized C	Corporate Offic	cer		
DATE:	TELEPHO	NE NUMBER:		EMPLOY	ER IDENTIFICA	ATION NUMBER:
			(No	ote: NOT	Individual Social	Security Number)
Please Check Below:				L LICE	NSING AUTI	HORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain)						
(ii disuppioved expidiii)						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	::016600238		Cl	ΓY OR TOW	N CAMBRID	GE
APPLICATION FOR	R RENEWAL:	Annu	al	LICI	ENSED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 727 MEN	A TRADER JOE					
		CTATE.	MA	ZID CODE.	02120	
CITY/TOWN: CAN		STATE:	MA	ZIP CODE:		
	LBACH, T NIFER ENO	YPE OF LICEN	SE: Packag	e Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU		YOUR EMAIL	ADDRESS		
DESCRIPTION OF I 8105 SQ FT RETAIL FLOOR	FOOD STORE.	2161 SQ FT ST0		ALK IN CO	LER ALL ON I	FIRST
2. the license	ed license will be ee has complied w ses are now open	rith all laws of the	Common	wealth relatin		
SIGNED BY	Individual, Part	ner or Authorized	l Corporate	Officer		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)			OCAL LICE y:	NSING AUTH	ORITY
DATE:			-			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600239		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 336 RINI	A	OWN, INC.			
CITY/TOWN: CAM		STATE: MA	ZIP CODE:	02140	
					XX7' 1
MANAGER: FERR	O, JOSEPH A. TYPE	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	ICENSED PREMISE	ES:			
MAIN STORE ON F	IRST FLOOR WITH	CELLAR FOR ST	ORAGE		
I hereby certify and sv	wear under penalties o	of perjury that:			
1. the renewe	ed license will be of the	e same type for the	e same premises now	licensed;	
2. the license	e has complied with a	ll laws of the Com	monwealth relating to	taxes; and	
3. the premis	es are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
SIGNED D1	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:					Y0111411411
DATE.	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: <u>NOT</u> Ind	ividuai Sociai S	ecurity Number)
Please Check Below:			LOCAL LICENIA	DIC AUTU	
APPROVED:			LOCAL LICENS	ING AUTHO	JRII Y
DISAPPROVED:			By:		
(If disapproved explain	in)				
	•				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 016600240		CITY OR TOWN	CAMBRID	OGE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSI	AME: Fone Food, In NESS A LOUIE'S SU				
ADDRESS 26	SURREY STREET				
CITY/TOWN:	CAMBRIDGE	STATE: M	A ZIP CODE:	02138	
MANAGER:	Chen, Cheng-San	TYPE OF LICENSE:	Package Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	EMISES:			
MAIN STORE	E FOR RETAIL AND	BACK ROOM FOR S	TORAGE		
I hereby certify	y and swear under pen	alties of perjury that:			
1. the	renewed license will b	be of the same type for	the same premises now	licensed;	
2. the	licensee has complied	with all laws of the Co	ommonwealth relating t	o taxes; and	
3. the	premises are now ope	n for business (If not e	xplain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TEI ED	HONE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
	ILLLI	HONE NOMBER.	(Note: NOT Inc	lividual Social S	Security Number)
Please Check Belo	ow:		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
DATE:					
~					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600	241	CITY OR TOWN CAMBRI	DGE
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: HENRY DOING BUSINESS A THIS	ΓLE & SHAMROCK		
ADDRESS 62-62 1/2 WALD	EN STREET		
CITY/TOWN: CAMBRIDG	E STATE: MA	ZIP CODE: 02140	
MANAGER:	TYPE OF LICENSE:P	ackage Store CATEGORY:	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI			
PORTION OF RETAIL GRO I hereby certify and swear und		ND CELLAR FOR STORAGE	
2. the licensee has co	· -	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY Individ	ual, Partner or Authorized Corp	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 016600242		CITY OR TOWN CAMBI	KIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
DOING BUSI	AME: LIQUOR WO NESS A WHITE STREET	RLD, INC.		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02140	
MANAGER:	ROBINSON, STEVEN E.	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
ONE LARGE	ROOM ON FIRST FI	LOOR WITH CELLAR	FOR STORAGE	
	premises are now ope	n for business (If not exp		iu
DATE:	TELEP!	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT	THORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600244		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: CHOWDHERY	Y, INC.			
DOING BUSINESS A UNIVERSITY	Y MARKET			
ADDRESS 1105 MASS. AVE.				
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: CHOWDHURY, RABIUL H. K.	TYPE OF LICENSE: Pack	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION OF LICENSED PRE	MISES:			
BASEMENT LEVEL STORE WITH EXITS IN THE REAR	ONE ENTRANCE AND	EXIT IN FRONT	AND TWO F	TRE
2. the licensee has complied v     3. the premises are now open  SIGNED BY  Individual Parente Signed By	for business (If not explain	in below)	taxes; and	
individuai, Par	tner or Authorized Corpor	ate Officer		
DATE: TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	EK: 016600245		CITY OR TOWN CAMBR	ADGE
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: DJD RESTAU	RANT GROUP LLC		
DOING BUSINES	SS A TOSCANO S	QUARED		
ADDRESS 052A-	B BRATTLE ST			
CITY/TOWN: C	AMBRIDGE	STATE: MA	ZIP CODE: 02138	
	ACCIAGRANI, CHARD	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PRE	MISES:		
		ID KITCHEN IN REAR AND REAR ENTRAN	R, STORAGE OF OFFICES IN CE	
I hereby certify an	d swear under pena	lties of perjury that:		
1. the rene	ewed license will be	e of the same type for the	e same premises now licensed;	
2. the lice	ensee has complied	with all laws of the Com	nmonwealth relating to taxes; ar	nd
3. the pres	mises are now open	for business (If not exp	lain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004, sign	ned by the building	g inspector and the hea	he certificate required by Chand of the fire department for turance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AUT	ГНОRITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	plain)			
DATE:				
DATE.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 016600246		CITY OR TOWN CAMI	BRIDGE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	ME: BERTUCCI'S RE	ESTAURANT CORP		
DOING BUSIN	ESS A BERTUCCI'S E	BRICK OVEN RISTO	RANTE	
ADDRESS CAN	MBRIDGEPARK DRIV	E		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02140	)
	CEFALO, TY GIOVANNI	YPE OF LICENSE:R€	estaurant CATEGO	RY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	OF LICENSED PREM			
ONE ROOM OF		SISTING OF DINING	G AREA, KITCHEN AND B	AR AND
I hereby certify	and swear under penalti	es of perjury that:		
1. the re	enewed license will be o	f the same type for the	e same premises now licensed	d;
2. the li	icensee has complied wi	th all laws of the Com	monwealth relating to taxes;	and
3. the p	remises are now open for	or business (If not exp	lain below)	
SIGNED BY				
	Individual, Partn	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTII	
			(Note: <u>NOT</u> Individual So	ocial Security Number)
Acts of 2004, s	igned by the building i	nspector and the hea	ne certificate required by C d of the fire department for urance required by Chapte	r the above
Please Check Belov	<u>v:</u>		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVEI (If disapproved				
(11 disappioved	саріані)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600248		CITY OR T	OWN	CAMBRID	GE
APPLICATION FOR	RENEWAL:	Annual	I	LICENS	SED FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS ONE PO	RTER SQUARE					
CITY/TOWN: CAM	IBRIDGE	STATE: N	MA ZIP CO	DE:	02140	
MANAGER: Sklar,	Andrew N TYP	E OF LICENSE	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	DUR EMAIL ADDRESS			
DESCRIPTION OF I 1ST FL INCLUDES CAFE; 2ND. FL. INC KITCHEN AT ONE	BAR AND LOUNG	E WITH FOOD				
2. the license	ed license will be of the has complied with the are now open for	the same type fo all laws of the C	Commonwealth rel			
SIGNED BY	Individual, Partner	or Authorized C	Corporate Officer			
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and the	head of the fire o	departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL L By:	ICENS:	ING AUTHO	DRITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01660	10249		CITY OR TOW	N CAMBRIL	GE
APPLICATION FOR RENE	EWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: JATU DOING BUSINESS A SIM					
ADDRESS 145 FIRST ST					
CITY/TOWN: CAMBRID	GE STA	ATE: MA	ZIP CODE:	02142	
MANAGER: PHU, UDON	M TYPE OF L	ICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND	D ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENS DINING AREA, BAR/COU		ND STORAC	GE ON FIRST F	LOOR	
3. the premises are s	omplied with all laws now open for busines idual, Partner or Auth	s (If not expla	in below)	g to taxes; and	
IIIQIV	iduai, raithei oi Addi	iorized Corpo	rate Officer		
DATE:	TELEPHONE NUM	BER:		YER IDENTIFICAT	
We the undersigned, attes Acts of 2004, signed by the named license and (2) the of 2010.	e building inspector	and the head	of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600251		CITY OR TOWN	CAMBRID	GE	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13	
		CLASS			YEAR	
LICENSEE NAME:	Manpryia, Inc					
DOING BUSINESS	A DOMA					
ADDRESS 56 JOHN	N F. KENNEDY STR	REET				
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02140		
MANAGER: Pabl	a, Jaswinder, S. TYI	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS			
	LICENSED PREMIS					
BASEMENT STORE PREMISES, APPROXIMATELY 1900 SQ. FEET, FRONT AND REAR COOLER 42'O LENGTH, WIDTH 10.5, SHELVING 7.5 HEIGHT 42'0 (FOUR IN NUMBER);						
	swear under penalties			NIVOVIDER	),	
• •	-	the same type for the	same premises now	licensed;		
		all laws of the Comn	•			
3. the premi	ises are now open for	business (If not expla	ain below)			
SIGNED BY						
	Individual, Partner	or Authorized Corpo	orate Officer			
DATE:	TEI EDUON	IE NUMBER:	EMPLOYER	DENTIFICAT	TON NUMBER:	
	TELEPHON	E NUMBER.	(Note: NOT Ind			
Please Check Below:			LOCAL LICENIA	DIC AUTU		
APPROVED:			LOCAL LICENS By:	ING AUTHO	JRII Y	
DISAPPROVED:			Dy.			
(If disapproved expl	ain)					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 010000252		CITY OR TOWN CAMB	KIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSIN	NESS A 660 PACKA			
ADDRESS 660	O CAMBRIDGE STR	REET-668		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02141	
MANAGER:	BARROS, MANUEL C.	TYPE OF LICENSE:P	ackage Store CATEGOR	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR	REMISES: D STORAGE WITH CE	LLAD EOD STODAGE	
1. the 2. the	renewed license will licensee has complied		ne same premises now licensed; nmonwealth relating to taxes; a plain below)	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN CAMBRII	DGE
Annual	LICENSED FOR 2	2013
CLASS		YEAR
NTO ANTONIO, INC	C.	
STATE: MA	ZIP CODE: 02141	
PE OF LICENSE: Club	CATEGORY:	All Alcohol
EBSITE AND ENTER YOUR EM	AIL ADDRESS	
SES:		
OOR, KITHCEN, ST	ORAGE AND DINING AREA	A ON
of perjury that:		
the same type for the s	same premises now licensed;	
all laws of the Comm	onwealth relating to taxes; and	
business (If not explain	in below)	
or Authorized Corpor	rate Officer	
E NUMBER:	EMPLOYER IDENTIFICA	
	(1766. 1701 Individual Social	Security Number)
pector and the head	of the fire department for the	e above
	LOCAL LICENSING AUTH	IORITY
	By:	
		<del></del>
	Annual CLASS NTO ANTONIO, INC STATE: MA E OF LICENSE: Club BSITE AND ENTER YOUR EM ES: OOR, KITHCEN, ST of perjury that: he same type for the s all laws of the Comm business (If not explain or Authorized Corporate E NUMBER: in possession (1) the pector and the head	CLASS NTO ANTONIO, INC.  STATE: MA ZIP CODE: 02141 E OF LICENSE: Club CATEGORY:  BSITE AND ENTER YOUR EMAIL ADDRESS ES: OOR, KITHCEN, STORAGE AND DINING AREA of perjury that: he same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social in possession (1) the certificate required by Chappector and the head of the fire department for the liquor liability insurance required by Chapter 11  LOCAL LICENSING AUTH



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600256		CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ALTRUIST	CA, LLC	
DOING BUSINESS A DANTE		
ADDRESS 5 CAMBRIDGE PKV	VY.	
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02142
MANAGER: DEMAGISTRIS, DANTE	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED I	PREMISES:	
SERVICE EXIT TO TERRACE O	ON CAMBRIGE PARKWAY	ANCES INTO LOBBY, AND WITH C;KITCHEN, STORAGE, OFFICES COUNGE AREAS ON MAIN LEVEL
I hereby certify and swear under p	enalties of perjury that:	
	ll be of the same type for the s	•
-		onwealth relating to taxes; and
3. the premises are now o	pen for business (If not explain	in below)
SIGNED BY Individual	Partner or Authorized Corpor	rate Officer
marvidual,	Turner of Authorized Corpor	and Sincer
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
IELI	EFTIONE NUMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	016600259		CITY OR TOWN	CAMBRID	OGE
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	P. F. CHANG'S CH	IINA BISTRO, INC			
DOING BUSINESS A	. P F CHANG'S CI	HINA BISTRO			
ADDRESS 58-120 FIF	RST ST.				
CITY/TOWN: CAMI	BRIDGE	STATE: MA	ZIP CODE:	02141	
MANAGER: DRAY	, STEPHEN TYP	E OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS	-	
DESCRIPTION OF LI					
KITCHEN AND DINI SOUTHEAST CORNI				ST FLOOR O	ON THE
I hereby certify and sw	-				
		* *	e same premises nov		
	•		monwealth relating	to taxes; and	
3. the premise	es are now open for b	business (If not exp	lain below)		
CICNED DV					
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned,	attest that we are	in possession (1) t	he certificate requi	red by Chapt	er 304 of the
Acts of 2004, signed l	by the building ins	pector and the hea	nd of the fire depart	tment for the	above
named license and (2 of 2010.	) the certificate of l	liquor liability ins	urance required by	Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHO	∩DITV
APPROVED:			By:	SING AUTIN	OKII I
DISAPPROVED:			<b>J</b> .		
(If disapproved explain	1)				
DATE:					
D/11L.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600261	CITY	OR TOWN CAMBRIDGE	3
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	}
	CLASS	YE	EAR
LICENSEE NAME: THE CHEESECAKE F	ACTORY RESTAUAN	NTS,INC.	
DOING BUSINESS A THE CHEESECAKE	FACTORY OF CAMB	RIDGE	
ADDRESS 58-120 FIRST ST			
CITY/TOWN: CAMBRIDGE	STATE: MA ZI	IP CODE: 02141	
MANAGER: D'AVIGNON, TYPE O MARKARIAN	F LICENSE: Restaurant	CATEGORY: A	Il Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EMAIL ADD	PRESS	
DESCRIPTION OF LICENSED PREMISES:			
BAKERY AND WAITING AREA; BAR/CO ROOM #2, DINING ROOM #3; KITCHEN; I LIQUOR AND TWO OFFICES		· · · · · · · · · · · · · · · · · · ·	ID
I hereby certify and swear under penalties of p	erjury that:		
1. the renewed license will be of the s	ame type for the same p	premises now licensed;	
2. the licensee has complied with all l			
3. the premises are now open for busi	ness (If not explain belo	ow)	
SIGNED BY Individual, Partner or A	outhorized Corporate O	fficer	
21101 720011, 2 01 11021 51 2	comporate of		
DATE: TELEPHONE N	IMRER:	EMPLOYER IDENTIFICATION	N NUMBER:
TEEDI HOIVE IV		Note:	rity Number)
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.	tor and the head of the	e fire department for the ab	ove
Please Check Below:	LOC	CAL LICENSING AUTHOR	ITY
APPROVED:	By:		
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	16600265		CITY (	OR TOWN	CAMBRID	OGE
APPLICATION FOR R	ENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: S	CIENCE PARTN	ERS INCORPO	RATED			
DOING BUSINESS A	MIRACLE OF SO	CIENCE BAR &	GRILL			
ADDRESS 321-23 MA	SS. AVE.					
CITY/TOWN: CAMB	RIDGE	STATE:	MA ZIP	CODE:	02139	
MANAGER: LUTES	, CHRIS A. TYP	PE OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	CASE ALSO VISIT OUR WE		OUR EMAIL ADDR	ESS		
DESCRIPTION OF LIC						
KITCHEN, BAR AND THE BASEMENT.	DINING ROOM	ON FIRST FLO	OR; STORA	GE, OFFIC	CE AND PRE	P. IN
I have been a serificated asset		- f 414-				
I hereby certify and swe	license will be of		r the same pr	emises now	licensed:	
	has complied with	• •	-			
	are now open for			Ū	,	
SIGNED BY						
I	ndividual, Partner	or Authorized (	Corporate Off	icer		
DATE:			L	EL (DI OVE		
DATE.	TELEPHON	E NUMBER:	(N			TION NUMBER: Security Number)
			`			
We the undersigned, a Acts of 2004, signed b		_		_	-	
named license and (2)	•	_		_		
of 2010.						
Please Check Below:			LOCA	AL LICEN	SING AUTHO	ORITY
APPROVED:	ı		By:			
DISAPPROVED: (If disapproved explain)	)					
(11 sisupprovou expluin,	,					
DATE:						



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LICENSE NUMBER: 016	5600266		CITY OR TOW	N CAMBRIL	OGE
APPLICATION FOR RE	NEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DN	IS GROUP, INC				
DOING BUSINESS A T	HE BLUE ROO	M			
ADDRESS 1 KENDALL	SQUARE				
CITY/TOWN: CAMBR	IDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: ZAPPIA, NICHOLA		E OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF LICE					
ONE DINING ROOBAR,	OM, KITCHEN,	PREP AREA,	AND ONE BANG	QUET ROOM	AND
I hereby certify and swear	r under penalties	of perjury that:			
1. the renewed lie	cense will be of t	the same type for the	he same premises no	w licensed;	
2. the licensee ha	is complied with	all laws of the Cor	nmonwealth relating	g to taxes; and	
3. the premises as	re now open for	business (If not ex	plain below)		
SIGNED BY					
Inc	lividual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) the of 2010.	the building ins	pector and the he	ad of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(ii disappioved expiain)					
DATE:					



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LICENSE NUMBER:	016600267		CITY OR TOWN	CAMBRIDGE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	T.O.M.I. BROTHE	RS,INC.		
DOING BUSINESS A	BLUE FIN REST	AURANT		
ADDRESS 1815 B M	ASS. AVE.			
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE:	02140
MANAGER: WANG	G, MICHAEL TYP	E OF LICENSE: Re	staurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	ES:		
3 EXITS;DOUBLE DO ENTRANCE/MAIN,KAREAS.				
I hereby certify and sw	vear under penalties	of perjury that:		
1. the renewed	d license will be of t	he same type for the	same premises now	licensed;
2. the licensee	e has complied with	all laws of the Com	monwealth relating to	o taxes; and
3. the premise	es are now open for l	business (If not expl	ain below)	
SIGNED BY	In P. 11 at Death and		OSC	
	individual, Partner	or Authorized Corp	orate Officer	
DATE:	TEL EDVO		EMDI OVER	R IDENTIFICATION NUMBER:
DITTE.	TELEPHONI	± NUMBER:		lividual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	n)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	016600269		CITY OR TO	WN CAMBRID	OGE .
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	COLLEGIATE HOS	PITALITY,LLC			
DOING BUSINESS A	THE INN AT HAR	VARD			
ADDRESS 1201 MAS	SACHUSETTS AVE	ENUE			
CITY/TOWN: CAMI	BRIDGE	STATE: MA	ZIP CODE	E: 02138	
MANAGER: CARBO		OF LICENSE: Innh	nolder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
113 HOTEL GUESTR ATRIUM AREA PRO SERVICE,KITCHEN,	VIDING THE FUNC	CTIONS OF HOTEI	L LOBBY. DI	NING AND BEV	ERAGE
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for the	same premises	now licensed;	
	has complied with al			ing to taxes; and	
3. the premise	s are now open for bu	isiness (If not explain	in below)		
SIGNED BY	Individual, Partner o	r Authorized Corpor	rate Officer		
	,				
DATE:	TELEPHONE	NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
	12221101(2)	1,01,12,210	(Note: <u>NO</u>	$\underline{\mathbf{T}}$ Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and the head	of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSED FOR 2013
YEAR
NT, INC.
A ZIP CODE: 02140
Restaurant CATEGORY: Wine and Malt Regular
UR EMAIL ADDRESS
DINING ROOM ON FIRST FLOOR
the same premises now licensed;
ommonwealth relating to taxes; and
•
ommonwealth relating to taxes; and
ommonwealth relating to taxes; and
ommonwealth relating to taxes; and xplain below)
ommonwealth relating to taxes; and xplain below)
ommonwealth relating to taxes; and xplain below)  orporate Officer  EMPLOYER IDENTIFICATION NUMBER:
ommonwealth relating to taxes; and xplain below)  orporate Officer
ommonwealth relating to taxes; and xplain below)  orporate Officer  EMPLOYER IDENTIFICATION NUMBER:
ommonwealth relating to taxes; and xplain below)  orporate Officer  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  of the certificate required by Chapter 304 of the lead of the fire department for the above
emmonwealth relating to taxes; and explain below)  Description of the certificate required by Chapter 304 of the dead of the fire department for the above insurance required by Chapter 116 of the Acts
emmonwealth relating to taxes; and explain below)  Description of the certificate required by Chapter 304 of the dead of the fire department for the above ensurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
emmonwealth relating to taxes; and explain below)  Description of the certificate required by Chapter 304 of the dead of the fire department for the above ensurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
emmonwealth relating to taxes; and explain below)  Description of the certificate required by Chapter 304 of the dead of the fire department for the above ensurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBE	R: 016600272		CITY OR TOWN	CAMBRID	GE	
APPLICATION FO	R RENEWAL:	Annual	LICENS	ED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	CENTRAL DINER,I	NC.				
DOING BUSINESS	A FOUR BURGERS					
ADDRESS 704 MA	SSACHUSETTS AVE.					
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02139		
MANAGER: BISS L J.	SANTI,MICHAETYPE	OF LICENSE: Re	staurant CA'	TEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS			
	LICENSED PREMISE					
FIRST FLOOR, DI	NING ROOM AND KIT	TCHEN W/BASE	MENT FOR STORAC	iE.		
2. the licens	ved license will be of the see has complied with al ises are now open for bu	l laws of the Comi	monwealth relating to ain below)			
DATE:	TELEPHONE	NUMBER:	EMPLOYER I	DENTIFICAT	ION NUMBER:	
			(Note: NOT Indiv	ridual Social S	ecurity Number)	
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lie	ector and the head	d of the fire departm	ent for the	above	
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: [ (If disapproved expl	ain)					
(11 disapproved expi	<i>)</i>					
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600276	•	CITY OR TOWN CAMBRII	DGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: ASMARA REST DOING BUSINESS A ASMARA RES	STAURANT		
ADDRESS 739 MASSACHUSETTS A		ZID CODE 02120	
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: WOLDU,SABA T	YPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREM			
DINING ROOM AND KITCHEN ON	STREET LEVEL; WITH	H BASEMENT FOR STORAC	BE.
the renewed license will be     the licensee has complied w     the premises are now open f  SIGNED BY	ith all laws of the Commo	onwealth relating to taxes; and	
Individual, Partr	ner or Authorized Corpor	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600	0278	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENE	WAL: Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: GIL M	IOK CORPORATION		
DOING BUSINESS A KOR	EANA		
ADDRESS 154-62 PROSPE	CT ST		
CITY/TOWN: CAMBRIDO	GE STATE: MA	ZIP CODE:	02139
MANAGER: PARK, Youn	g Sook TYPE OF LICENSE:	destaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
RESTROOMS; KITCHEN, V	OM, BAR AND SUSHI BAR A WAITRESS AREA, TAKEOU K IN FREEZERS, ONE WALK	Γ AREA, AND WAIT	TING AREA ON
2. the licensee has co	der penalties of perjury that: se will be of the same type for the complied with all laws of the Compow open for business (If not ex	nmonwealth relating t	
SIGNED BY Individ	dual, Partner or Authorized Cor	porate Officer	
DATE:	ΓELEPHONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
		(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signed by the	that we are in possession (1) building inspector and the he ertificate of liquor liability in	ad of the fire depart	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
-		-	



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LICENSE NUM	IBER: 016600282		CITY OR TOWN	CAMBRID	GE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	ME: CASA DO BENIFICA	A DA NOVA IN	IGLATERRA, INC		
DOING BUSIN	ESS A				
ADDRESS 178	ELM STREET				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER:	DAVID BRANDAO TYPE	OF LICENSE:	Club CA	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISE	S:			
	DINING AREA, BAR, KITC DR KITCHEN, BAR, DININ JET.				
I hereby certify	and swear under penalties of	perjury that:			
	enewed license will be of the	• •	•		
	censee has complied with al		•	o taxes; and	
3. the p	remises are now open for bu	siness (If not ex	plain below)		
SIGNED BY	Individual, Partner or	· Authorized Cor	porate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	lividual Social So	ecurity Number)
Acts of 2004, si	igned, attest that we are in igned by the building inspe and (2) the certificate of lic	ector and the he	ead of the fire departi	ment for the	above
Please Check Below	<u>r:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: [			By:		
DISAPPROVEI					
(If disapproved	explain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR T	TOWN CAMBRIL	OGE .
nual	LICENSED FOR 20	013
ASS		YEAR
II, INC		
L		
: MA ZIP CO	DDE: 02139	
ENSE: Restaurant	CATEGORY:	Wine and Malt Regular
TER YOUR EMAIL ADDRESS		
CHEN DDED/WAS	HING ADEA	
CHEN, PREP/ WASI	HING AREA	
	sas now licensed:	
•		
	stating to takes, and	
ved Corporate Officer		
ed Corporate Officer		
R· EM	IPLOYER IDENTIFICAT	TON NUMBER:
	NOT Individual Social S	ecurity Number)
on (1) the contificate	required by Chant	on 201 of the
ility insurance requi	red by Chapter 116	of the Acts
LOCAL I	LICENSING AUTH	ORITY
By:		
	nual ASS II, INC L E: MA ZIP CO ENSE: Restaurant  TER YOUR EMAIL ADDRESS CHEN, PREP/ WAS That: De for the same premist the Commonwealth resonance explain below)  Ted Corporate Officer  R: EM (Note:  On (1) the certificate I the head of the fire illity insurance requi	II, INC  L  ENSE: Restaurant CATEGORY:  CHEN, PREP/ WASHING AREA  Chat:  Che for the same premises now licensed; the Commonwealth relating to taxes; and  not explain below)  Ced Corporate Officer  R: EMPLOYER IDENTIFICAT (Note: NOT Individual Social S)  on (1) the certificate required by Chapte the head of the fire department for the ility insurance required by Chapter 116



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LICENSE NUMBER: 016600288		CITY OR TOWN CAMBI	RIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HELMAND BC	OSTON, INC.		
DOING BUSINESS A HELMAND			
ADDRESS 143 FIRST STREET			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02141	
MANAGER: RASULI, OSMAN T	YPE OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREI	MISES:		
KITCHEN, PRIVATE DINING AREA	A, DINING AREA AND	STORAGE ON FIRST FLO	OR
I hereby certify and swear under penale	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licensed;	
2. the licensee has complied w	ith all laws of the Comm	nonwealth relating to taxes; an	nd
3. the premises are now open	for business (If not expla	in below)	
DATE.	ner or Authorized Corpo  ONE NUMBER:	rate Officer  EMPLOYER IDENTIFIE	CATION NUMBER:
TEEL IIV	SIL IVOIMBLIK.	(Note: NOT Individual Soc	ial Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	ΓHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(approved emplani)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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LICENSE NUMBER: 016600289	C	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CLUB RECREATIVE DOING BUSINESS A ADDRESS 040-42 FIFTH STREET	E LUSITANIA, INC		
	CTATE. MA	ZID CODE.	02141
CITY/TOWN: CAMBRIDGE  MANAGER: CARVALHO, TYPE ALVARO V.	STATE: MA OF LICENSE:Club	ZIP CODE:	02141 ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE MAIN ENTRANCE ON FIFTH ST, BASEI SHOWER, KITCHEN, PLAYERS LOCKE AND SMALL BAR	S: MENT AND GAME	ROOM WITH BA	
1. the renewed license will be of the     2. the licensee has complied with al     3. the premises are now open for but	e same type for the sall laws of the Commo	nwealth relating to	
SIGNED BY Individual, Partner or	: Authorized Corpora	ite Officer	
DATE: TELEPHONE	NUMBER:		L IDENTIFICATION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head o	of the fire departi	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 016600292		CITY OR TOWN CAMBR	IDGE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: LEGAL SEA	FOODS,LLC		
DOING BUSIN	ESS A			
ADDRESS 5 BI	ENNET ST			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
	ECHEVARRIA, JENNIFER	TYPE OF LICENSE: Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PR			
OF BENNETT	ST. AND DIRECTL		ES SQ. COMPLEX SITUATE RANCE TO THE CHARLES. OR A TOTAL OF 91	
I hereby certify	and swear under pen	alties of perjury that:		
1. the re	enewed license will b	be of the same type for the	same premises now licensed;	
2. the li	censee has complied	with all laws of the Com	nonwealth relating to taxes; and	d
3. the p	remises are now ope	n for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	ll Security Number)
Acts of 2004, s	igned by the building	ng inspector and the head	e certificate required by Cha d of the fire department for the grance required by Chapter 1	he above
Please Check Belov	<u>v:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01660	0293	CITY OR TOWN	CAMBRID	GE .
APPLICATION FOR RENE	WAL: Annual	LICENS	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: ARDE	NT ENTERPRISES,INC.			
DOING BUSINESS A HAN	A SUSHI			
ADDRESS 2372 MASSACE	IUSETTS AVE			
CITY/TOWN: CAMBRIDO	GE STATE: MA	ZIP CODE:	02140	
MANAGER: RA,WON TA	TYPE OF LICENSE:	Restaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	_			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LICENS				
ONE LARGE DINING ARE	A, SEPARATE KITCHEN ON	THE FIRST FLOOR		
I hereby certify and swear un				
	se will be of the same type for t	-		
	omplied with all laws of the Co low open for business (If not ex	•	taxes; and	
3. the premises are n	ow open for business (if not ex	piam below)		
SIGNED BY				
	dual, Partner or Authorized Cor	rporate Officer		
DATE:	TELEPHONE NUMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
		(Note: NOT Ind	vidual Social S	ecurity Number)
Acts of 2004, signed by the	that we are in possession (1) building inspector and the he certificate of liquor liability in	ead of the fire departn	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disupproved explain)				
DATE:				



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LICENSE NUMBER	t: 016600298		CITY OR TOWN CAN	ABRIDGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 377 WAI	A TWFOOD			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE: 021	38
MANAGER: WIE	CHMANN, TIMTYPI	E OF LICENSE: Res	ctaurant CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	MAIL ADDRESS	
	LICENSED PREMIS			
			FRONT, BATHROOMS ACK OF GROUND FLO	
I hereby certify and s	wear under penalties	of perjury that:		
2. the license		all laws of the Comn	same premises now licens nonwealth relating to taxes ain below)	
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:		FIFICATION NUMBER: Social Security Number)
Acts of 2004, signed	d by the building insp	pector and the head	e certificate required by l of the fire department f rance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED: Lagrangian (If disapproved explain)	 uin)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600300	C	CITY OR TOWN CAMBRIDGE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: IAMB, INC.			
DOING BUSINESS A CENTRAL KIT	CHEN		
ADDRESS 567 MASSACHUSETTS A	VE.		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: CARRET, TY FREDERICK P.	PE OF LICENSE: Resta	urant CATEGORY: All Alcoho	1
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM			
1ST AND 2ND FLOOR DINING ROOM ONE KITCHEN EACH FLOOR. BASE STAND. 2ND FLOOR 70 SEATS 15 ST	EMENT USED FOR STO	DRAGE. 1ST FLOOR 60 SEATS& 10	
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the sa	ame premises now licensed;	
2. the licensee has complied with	th all laws of the Commo	nwealth relating to taxes; and	
3. the premises are now open for	or business (If not explain	n below)	
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	₹:
		(Note: NOT Individual Social Security Number	r)
Acts of 2004, signed by the building in	nspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п спзарргочес схртані)			
DATE:			



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LICENSE NU	MBER: 016600301		CITY OR TOWN CAMB	RIDGE
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE N.	AME: NORTON V	VOODS, INC.		
DOING BUSI	NESS A AMERICA	AN ACADEMY OF ARTS	S & SCIENCES	
ADDRESS 13	6 IRVING STREET	1		
CITY/TOWN:	: CAMBRIDGE	STATE: MA	ZIP CODE: 02138	
MANAGER:	JEWETT, GEOFFREY	TYPE OF LICENSE: R	destaurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
NINE ROOMS	S ON FIRST FLOOI	R WITH KITCHEN AND	STORAGE AREA	
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	l be of the same type for the	ne same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Con	nmonwealth relating to taxes; a	nd
3. the	premises are now or	en for business (If not exp	plain below)	
SIGNED BY	Individual, l	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004,	signed by the build	ling inspector and the he	the certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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LICENSE NUMBER: 016600303		CITY OR TOWN CAMBRIDGE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: NORTH POINT CA	AFE, INC.		
DOING BUSINESS A LINGO			
ADDRESS 1 EDUCATION STREET			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02141	
MANAGER: Barnhart, Jeffrey TYP	E OF LICENSE: Res	staurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
CAFETERIA STYLE FOR BREAKFAST ENTRANCES ON EITHER SIDE OF RE EXITING TO TERRACE. LOADING DO	STAURANT AND T	ΓWO IN FRONT OF RESTAURANT	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	same premises now licensed;	
2. the licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for b	business (If not expla	ain below)	
SIGNED BY	A	Officer	
mdividual, Partiler	or Authorized Corpo	orate Officer	
DATE: TELEBRIONIE		EMPLOYED IDENTIFICATION NUMBER	]
TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
		,	
Acts of 2004, signed by the building insp	pector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts	
of 2010.	nquoi nabinty msui	runce required by complex 110 or the rich	
	nquor nabinty msui	LOCAL LICENSING AUTHORITY	
of 2010.  Please Check Below: APPROVED:	inquor naomity insui		
of 2010.  Please Check Below: APPROVED: DISAPPROVED:	inquot naomity insui	LOCAL LICENSING AUTHORITY	
of 2010.  Please Check Below: APPROVED:	inquor navinty insui	LOCAL LICENSING AUTHORITY	
of 2010.  Please Check Below: APPROVED: DISAPPROVED:	inquot navinty insui	LOCAL LICENSING AUTHORITY	



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LICENSE NUMB	ER: 016600304		CITY OR TOWN CAMBRII	<b>JGE</b>
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NAM	E: NMC CORP			
DOING BUSINE	SS A FULL MOO	ON		
ADDRESS 344 H	(URON AVENUE	3		
CITY/TOWN: C	AMBRIDGE	STATE: MA	ZIP CODE: 02138	
	HEATON, AROLINE M.	TYPE OF LICENSE: Rest	caurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION C				
FIRST FLOOR P		DING KITCHEN,DINING I	ROOM AND BATHROOMS V	VITH
I hereby certify an	nd swear under pe	nalties of perjury that:		
1. the ren	ewed license will	be of the same type for the s	same premises now licensed;	
2. the lice	ensee has complie	d with all laws of the Comm	onwealth relating to taxes; and	
3. the pre	emises are now op	en for business (If not explai	in below)	
SIGNED BY				
	Individual, P	Partner or Authorized Corpor	rate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sig	ned by the build	ing inspector and the head	certificate required by Chap of the fire department for the ance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	.piaiii)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 016600305		CITY	OR TOW	N CAMBRIL	OGE
APPLICATION	FOR RENEWAL:	Annua	ા	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAM	ME: RANGZEN TIB	BET, INC.				
DOING BUSINI	ESS A RANGZEN TI	BETAN RESTAU	JRANT			
ADDRESS 24 P	EARL STREET					
CITY/TOWN:	CAMBRIDGE	STATE:	MA Z	IP CODE:	02139	
	CHESHATSANG, T YAMA N.	TYPE OF LICENS	SE:Restauran	ıt	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER	YOUR EMAIL ADI	DRESS		_
	OF LICENSED PREM					
DINING ROOM WALK IN REFE	I AND KITCHEN ON RIGERATOR	FIRST FLOOR A	AND BASEN	MENT FOR	R STORAGE A	ND
I hereby certify a	and swear under penalt	ties of perjury that	:			
1. the re	newed license will be	of the same type f	or the same	premises no	ow licensed;	
2. the lie	censee has complied w	ith all laws of the	Commonwe	alth relatin	g to taxes; and	
3. the pr	remises are now open	for business (If no	t explain bel	ow)		
SIGNED BY						
	Individual, Part	ner or Authorized	Corporate O	fficer		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	security Number)
Acts of 2004, si	igned, attest that we a gned by the building and (2) the certificate	inspector and th	e head of th	e fire depa	rtment for the	above
Please Check Below	<u>:</u>		LO	CAL LICE	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED (If disapproved e						
(11 disappioved e	Apiaiii)					
DATE:						



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LICENSE NUMBER: 016600306	(	CITY OR TOWN CAMBRI	DGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: RESIDENCE IN	N BY MARRIOTT, LLC		
DOING BUSINESS A RESIDENCE IN	IN BY MARRIOT,INC.		
ADDRESS 6 CAMBRIDGE CENTER			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: MURPHY, SUSAN TY	PE OF LICENSE: Innho	older CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
15 STORY, 221 ROOM HOTEL INCLUTEMPORARY BAR, THREE MEETIN FLOOR. LIQUOR STORED ON FIRST FRONT DOOR IN LOBBY	IG ROOMS WITH TEM	IP BARS, LOBBY ON GROU	JND
<ol> <li>I hereby certify and swear under penaltic</li> <li>the renewed license will be o</li> <li>the licensee has complied wit</li> <li>the premises are now open for</li> </ol>	f the same type for the sa th all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY			
Individual, Partne	er or Authorized Corpora	nte Officer	
DATE			
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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LICENSE NUMBER: 01	6600307		CITY	OR TOWN	CAMBRID	OGE
APPLICATION FOR RE	ENEWAL:	Annua	I	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: RO	OOM FOR DESSE	RT LLC				
DOING BUSINESS A	INALE DESSERT	TERIE				
ADDRESS 30 DUNSTE	R STREET					
CITY/TOWN: CAMBR	RIDGE	STATE:	MA ZI	P CODE:	02138	
MANAGER: CONFORD.	RTI, PAUL TYPE	OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEBS	SITE AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF LICE						
FIRST FLOOR KITCHE SEASONALY ON OUT		M, BAR. STO	RAGE IN B	ASEMENT.	SEATING	
I hereby certify and swea	r under penalties o	f perjury that:				
1. the renewed li	icense will be of the	e same type fo	or the same p	remises now	licensed;	
2. the licensee h	as complied with a	ll laws of the	Commonwea	lth relating t	o taxes; and	
3. the premises a	are now open for b	usiness (If not	explain belo	ow)		
SIGNED BY						
In	dividual, Partner o	r Authorized (	Corporate Of	ficer		
DATE:						
DATE:	TELEPHONE	NUMBER:	(			FION NUMBER: Security Number)
			,	<u></u> Inc	ii viduur Boolur E	reality (valides)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building insp	ector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMBER:	010000308		CITY	OK TOWN	CAMDRIL	JGE
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	CENTRAL SO	QUARE RESTAURAN	IT PARTN	ERS LLC		
DOING BUSINESS A	A THE ASGAI	RD IRISH PUB AND I	RESTAUR	ANT		
ADDRESS 350 MAS	SACHUSETTS	SAVE				
CITY/TOWN: CAM	BRIDGE	STATE: M	A ZII	P CODE:	02139	
MANAGER: GOOI WILL	OWIN, IAM J.	TYPE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT C	OUR WEBSITE AND ENTER YOU	R EMAIL ADDI	RESS		
DESCRIPTION OF L	ICENSED PRI	EMISES:				
DINING ROOM, LO	WER DINING XIT CORNER	FING OF 5794 SQ FT ROOM, KITCHEN, B OF MASS AVE AND	ATHROO	MS AND S'	TORAGE.	
I hereby certify and sv	vear under pena	alties of perjury that:				
1. the renewe	d license will b	e of the same type for	the same p	remises now	licensed;	
2. the license	e has complied	with all laws of the Co	mmonweal	lth relating t	o taxes; and	
3. the premise	es are now oper	n for business (If not ex	xplain belo	w)		
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Of	ficer		
DATE:	TELEPI	HONE NUMBER:				ΓΙΟΝ NUMBER:
			(1	Note: <u>NOT</u> Inc	dividual Social S	Security Number)
Acts of 2004, signed	by the buildin	e are in possession (1) ag inspector and the h te of liquor liability in	ead of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED:	┐		LOC By:	AL LICENS	SING AUTH	ORITY
(If disapproved explai	n)					
_						
DATE:						



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LICENSE NUMBER: (	)16600309		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A	ATWOOD'S	NER, LLC			
ADDRESS 877 CAMB					
CITY/TOWN: CAME		STATE: MA	ZIP CODE:	02141	
MANAGER: MAGE	E, RYAN TYP	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI DESCRIPTION OF LIG		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
ENTRANCE FRONT, LARGE DINING ROO 18 SEATS, 15 STAND I hereby certify and swe	OM, ONE KITCHE DING, DINING RO	EN, WITH STORAG OOM 52 SEATS AN	E IN BASEMENT.		
•	•	the same type for the	same premises now	licensed:	
		all laws of the Com	•		
		business (If not expl	· ·		
SIGNED BY					
]	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHON	E NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social Se	
			, <u></u> m	ii ridaai Booiai B	courtey I variables
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY
DISAPPROVED:	]		- J·		
(If disapproved explain	)				
DATE:			-		
DAIE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 016600310		CITY OR TOW	VN CAMBRID	OGE
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS					
ADDRESS 40 HA	MPSHIRE STREET				
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	: 02139	
	INGAST, TYPE FREY R.	OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR	EMAIL ADDRESS		
	F LICENSED PREMISES				
TAKEOUT/WAITI BACK KITHCEN I	ING AREA, DINING RN REAR RIGHT	И, OPEN KITCH	IEN ON RIGHT, S	STORAGE IN R	REAR,
2. the licen	wed license will be of the see has complied with all hises are now open for bu	l laws of the Con	nmonwealth relatin		
STOTIED DI	Individual, Partner or	Authorized Cor	oorate Officer		
DATE:	TELEPHONE I	NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of lig	ector and the he	ad of the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 01	6600311	(	CITY OR TOW	N CAMBRID	GE
APPLICATION FOR RE	ENEWAL:	Annual	LICI	ENSED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: SIX	X KIDS,LLC				
DOING BUSINESS A T	OMMY DOYLE'S I	PUB & RESTAUR	ANT		
ADDRESS 1 KENDALL	SQUARE				
CITY/TOWN: CAMBR	IDGE	STATE: MA	ZIP CODE:	02141	
MANAGER: WALDRO RENNY	ON, TYPE C	OF LICENSE: Resta	nurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICE					
BASEMENT FLOOR FO OUTDOOR PATIO					
I hereby certify and swear	r under penalties of p	perjury that:			
	cense will be of the	• •	•		
	as complied with all			g to taxes; and	
3 the premises a	re now open for busing	iness (If not explai	n below)		
5. the premises a	are now open for our	mess (ii not explai	1 0010 117		
	ne now open for our	mess (ii not explain			
SIGNED BY	dividual, Partner or A				
SIGNED BY					
SIGNED BY					
SIGNED BY		Authorized Corpora	ate Officer	/ER IDENTIFICAT	ION NUMBER:
SIGNED BY	dividual, Partner or A	Authorized Corpora	ate Officer  EMPLOY	ER IDENTIFICAT.	
SIGNED BY	dividual, Partner or A  TELEPHONE N  test that we are in I the building inspec	Authorized Corpora UMBER:  possession (1) the tor and the head	EMPLOY (Note: NOT)	Individual Social Socia	er 304 of the above
DATE:  We the undersigned, at Acts of 2004, signed by named license and (2) the signed by the signed	dividual, Partner or A  TELEPHONE N  test that we are in I the building inspec	Authorized Corpora UMBER:  possession (1) the tor and the head	EMPLOY (Note: NOT certificate requor the fire depa	Individual Social Socia	er 304 of the above of the Acts
DATE:  We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.  Please Check Below: APPROVED:	dividual, Partner or A  TELEPHONE N  test that we are in I the building inspec	Authorized Corpora UMBER:  possession (1) the tor and the head	EMPLOY (Note: NOT certificate requor the fire depa	Individual Social Socia	er 304 of the above of the Acts
DATE:  We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.  Please Check Below: APPROVED: DISAPPROVED:	dividual, Partner or A  TELEPHONE N  test that we are in I the building inspec	Authorized Corpora UMBER:  possession (1) the tor and the head	EMPLOY (Note: NOT) certificate requor the fire department of the fir	Individual Social Socia	er 304 of the above of the Acts
DATE:  We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.  Please Check Below: APPROVED:	dividual, Partner or A  TELEPHONE N  test that we are in I the building inspec	Authorized Corpora UMBER:  possession (1) the tor and the head	EMPLOY (Note: NOT) certificate requor the fire department of the fir	Individual Social Socia	er 304 of the above of the Acts
DATE:  We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.  Please Check Below: APPROVED: DISAPPROVED:	dividual, Partner or A  TELEPHONE N  test that we are in I the building inspec	Authorized Corpora UMBER:  possession (1) the tor and the head	EMPLOY (Note: NOT) certificate requor the fire department of the fir	Individual Social Socia	er 304 of the above of the Acts



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	.6600312		CITY OR TOW	N CAMBRIL	OGE
APPLICATION FOR RI	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: O	LIVRAQUEL,	INC.			
DOING BUSINESS A	ATASCA REST	<b>FAURANT</b>			
ADDRESS 50 HAMPSH	HIRE ST				
CITY/TOWN: CAMBE	RIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: CERQUI MARIA		YPE OF LICENSE: Rest	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREM	ISES:			
DINING RM WITH BA AREA IN GARAGE. SI TABLES TO BE TAKE	EASONAL OU	TSIDE SEATING FOR	R TWENTY (20	) SEATS AND	FIVE
I hereby certify and swea	ır under penaltic	es of perjury that:			
1. the renewed l	icense will be o	of the same type for the s	same premises no	ow licensed;	
2. the licensee h	as complied wit	th all laws of the Comm	onwealth relatin	g to taxes; and	
3. the premises a	are now open fo	or business (If not explain	in below)		
SIGNED BY	dividual, Partne	er or Authorized Corpor	rate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building in	nspector and the head	of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					



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LICENSE NUMBER	010000313		CITY OR TO	WN CAMBRIL	JGE
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	THE FIREHO	USE INN, LLC			
DOING BUSINESS A	A THE KENDA	ALL HOTEL			
ADDRESS 350 MAII	N ST				
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE	E: 02139	
MANAGER: FANI NICH	DETTI OLAS	TYPE OF LICENSE: I	nnholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRI	EMISES:			
STATION PART OF	A 65 ROOM H HE HOTEL AN	IE FIRST FLOOR OF A IOTEL. MAIN DOORS D CAFE.DINING ROO T	TO FIRE STAT	ION WILL SER	VE AS
I hereby certify and sv	wear under pena	alties of perjury that:			
1. the renewe	d license will b	e of the same type for the	ne same premises	now licensed;	
2. the license	e has complied	with all laws of the Cor	nmonwealth relati	ing to taxes; and	
3. the premis	es are now oper	n for business (If not exp	plain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEPH	HONE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	<u>T</u> Individual Social S	Security Number)
Acts of 2004, signed	by the buildin	e are in possession (1) t g inspector and the he te of liquor liability ins	ad of the fire dep	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
<del></del>					



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LICENSE NUMBER:	)16600317		CITY	OR TOWN	CAMBRID	GE
APPLICATION FOR F	RENEWAL:	Annual		LICEN	ISED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: 1 DOING BUSINESS A		· -				
ADDRESS 1287 CAM	BRIDGE ST.					
CITY/TOWN: CAME	BRIDGE	STATE: N	MA ZI	P CODE:	02139	
MANAGER: CHAN,	CHRISTINE TYPE	E OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL ADD	RESS		_
DESCRIPTION OF LIC DINING ROOM AND EMERGENCY EXITS LEVEL, 12 TABLES 8	KITCHEN ON FIR AT REAR OF PRE	ST FLOOR; M MISES, FOOI	STORAG			
I hereby certify and swe	ear under penalties c	of perjury that:				
2. the licensee	license will be of the has complied with a sare now open for b	ll laws of the C	Commonwea	lth relating t		
SIGNED BY	Individual, Partner o	r Authorized C	Corporate Of	ficer		
DATE:	TELEPHONE	NUMBER:	(			TON NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building insp	ector and the	head of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600318		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: FORMAGGIO I DOING BUSINESS A ADDRESS 244 HURON AVENUE	CITCHEN, INC.			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: GURDAL, M. T ISHAN	YPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUI DESCRIPTION OF LICENSED PREM	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
3 RMS. ON 1ST. FL.,STORAGE IN E ENTERANCE/EXIT ON HURON AV ENTERANCES/EXITS IN REAR OP DEEP 6 TO 8FT. HIGH.COOLER WI	SSMT. 2 ENTRANCES E.(SMALL DELIVERI ENING TO ALLEY. W	ES)2 DELIVERY INE RACKS 6 TO	8 FEET LOI	
I hereby certify and swear under penalt	1 0 0			
1. the renewed license will be	· -	=		
<ul><li>2. the licensee has complied w</li><li>3. the premises are now open f</li></ul>		=	o taxes; and	
3. the premises are now open i	or business (if not expi	ani below)		
SIGNED BY Individual, Parts	ner or Authorized Corpo	orate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	010000319		CITY OR TOWN CAMER	dDGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	A SARAH'S M	<b>IARKET</b>		
ADDRESS 200 CON			7ID CODE: 02120	
CITY/TOWN: CAM		STATE: MA		
MANAGER: PATE	L,RAJ	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PR	EMISES:		
120 linear feet of wine	e display in ais	le and 60 linear fet in col	ller displaying wine and beer	
I hereby certify and sv	vear under pen	alties of perjury that:		
1. the renewe	d license will l	be of the same type for the	e same premises now licensed;	
2. the license	e has complied	with all laws of the Con	nmonwealth relating to taxes; ar	nd
3. the premise	es are now ope	n for business (If not exp	plain below)	
SIGNED BY				
5101,25 51	Individual, Pa	artner or Authorized Cor	oorate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Please Check Below:			LOCAL LICENSING AUT	THODITY
APPROVED:			LOCAL LICENSING AUT By:	HUKITY
DISAPPROVED:			by.	
(If disapproved explai	 n)			
·				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)16600320	(	CITY OR TOWN CAMBRI	DGE
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: (	CALIFORNIA PIZZA	A KITCHEN, INC.		
DOING BUSINESS A	CALIFORNIA PIZZ	ZA KITCHEN		
ADDRESS 100 CAME	RIDGESIDE PLAC	E		
CITY/TOWN: CAME	BRIDGE	STATE: MA	ZIP CODE: 02141	
MANAGER: LONG,	WILLIAM J TYPE	OF LICENSE: Resta	nurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISE	S:		
	LK. RESTAURANT	IS 4233SQFT CON	I THE MALL ONE FROM T SISTING OF DINING COOF STANDING.	
I hereby certify and swe	ear under penalties of	f perjury that:		
1. the renewed	license will be of the	e same type for the s	ame premises now licensed;	
	•		onwealth relating to taxes; and	I
3. the premises	s are now open for bu	isiness (If not explain	n below)	
SIGNED BY	Individual, Partner or	· Authorized Corpora	ate Officer	
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed b	y the building inspe	ector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:	٦		By:	
DISAPPROVED:				
(If disapproved explain	)			
			-	
DATE:				



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LICENSE NUMBE	R: 016600321		CITY OR TOW	N CAMBRID	OGE
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: CAMBRIDGI	E LODGING LLC			
DOING BUSINESS	S A HOTEL MA	RLOWE			
ADDRESS 25 EDV	VIN LAND BUV	'D			
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02141	
	LANGELO, HARD	TYPE OF LICENSE:	nnholder	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
	MEETING ROO	ST FLOOR IS RESTAU MS: THIRD FLOOR T			
I hereby certify and	swear under pen	alties of perjury that:			
• •	-	be of the same type for t	he same premises no	w licensed;	
2. the licen	see has complied	with all laws of the Co	mmonwealth relating	g to taxes; and	
3. the prem	ises are now ope	n for business (If not ex	plain below)		
SIGNED BY	Individual, Pa	artner or Authorized Con	rporate Officer		
DATE:	TELEP.	HONE NUMBER:		ER IDENTIFICAT Individual Social S	
Acts of 2004, signe	ed by the buildin	e are in possession (1) ng inspector and the ho nte of liquor liability in	ead of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					



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LICENSE NUMBER: 0	16600323		CITY OI	R TOWN	CAMBRIL	)GE
APPLICATION FOR R	ENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: C	ITY GIRL GOURM	ET, INC				
DOING BUSINESS A	CITY GIRL CAFFE					
ADDRESS 204 HAMP	SHIRE ST					
CITY/TOWN: CAMB	RIDGE	STATE: MA	ZIP (	CODE:	02139	
MANAGER: ANDER EN	RSON,LAUR TYPE	OF LICENSE:	Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	R EMAIL ADDRES	SS		_
DESCRIPTION OF LIC						
FIRST FLOOR CONSI AND EXIT ON FIRST					OM. ENTRA	NCE
2. the licensee 3. the premises  SIGNED BY	license will be of the has complied with all are now open for bus ndividual, Partner or	laws of the Co	mmonwealth plain below)	relating to		
•	individual, I diffici of	riumonizeu coi				
DATE:	TELEPHONE N	NUMBER:	]	EMPLOYER	IDENTIFICAT	TION NUMBER:
			(Not	te: NOT Ind	ividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspe	ctor and the h	ad of the fi	re departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL By:	L LICENS	ING AUTH	ORITY
(If disapproved explain)	ı					
DATE:						



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•	CITY OR TOWN CAMBRI	DGE
Annual	LICENSED FOR	2013
CLASS		YEAR
TNERS, INC		
AVE		
STATE: MA	ZIP CODE: 02139	
ΓΥΡΕ OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
MISES:		
ties of perjury that:		
of the same type for the s	ame premises now licensed;	
vith all laws of the Comme	onwealth relating to taxes; and	l
for business (If not explai	n below)	
ner or Authorized Corpor	rate Officer	
ONE NUMBER:		
	(Note: NOT Individual Social	Security Number)
inspector and the head	of the fire department for th	e above
	LOCAL LICENSING AUTI	HORITY
	By:	
		<del></del>
	Annual CLASS TNERS, INC  AVE STATE: MA  TYPE OF LICENSE: Rest  R WEBSITE AND ENTER YOUR EM. MISES: BAR AREA, KITCHEN, I E & OFFICE IN BASEM ties of perjury that: of the same type for the s with all laws of the Comm for business (If not explain there or Authorized Corpor  ONE NUMBER: are in possession (1) the g inspector and the head	Annual CLASS  CLASS  TNERS, INC  (AVE  STATE: MA ZIP CODE: 02139  TYPE OF LICENSE: Restaurant CATEGORY  REWEITE AND ENTER YOUR EMAIL ADDRESS  MISES: BAR AREA, KITCHEN, BATH-ROOMS AND E & OFFICE IN BASEMENT.  ties of perjury that: of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and for business (If not explain below)  there or Authorized Corporate Officer  ONE NUMBER:  EMPLOYER IDENTIFICA  (Note: NOT Individual Social are in possession (1) the certificate required by Chapter 13 inspector and the head of the fire department for the of liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the head of the fire department for the cof liquor liability insurance required by Chapter 13 inspector and the liquor liability insurance required by Chapter 13 inspector and the liquor liquo



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0166	500328	CIT	Y OR TOWN CAMBRI	DGE
APPLICATION FOR REN	EWAL: An	nual	LICENSED FOR	2013
	CL	ASS		YEAR
LICENSEE NAME: BEN	GALI HOUSE OF MASS	ACHUSETTS	, INC	
DOING BUSINESS A RO	YAL BENGAL			
ADDRESS 313 MASSACI	HUSETTS AVE			
CITY/TOWN: CAMBRII	OGE STATE	: MA 2	ZIP CODE: 02139	
MANAGER: MAZUMD SADHAM	AR, TYPE OF LICE	NSE: Restaura	nt CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE	ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL AI	DDRESS	
DESCRIPTION OF LICEN				
FIRST FLOOR DINING R STORAGE; BUFFET TAE FOR ADDITIONAL SEAT	BLE FOR LUNCH. IN EV	ENING THE E		E USED
I hereby certify and swear u	under penalties of perjury t	hat:		
1. the renewed lice	ense will be of the same type	be for the same	premises now licensed;	
	complied with all laws of		•	
3. the premises are	now open for business (If	not explain be	low)	
SIGNED BY Indi	vidual, Partner or Authoriz	ed Corporate (	Officer	
	,,			
DATE:	TELEPHONE NUMBER	۶٠	EMPLOYER IDENTIFICA	ATION NUMBER:
	TEEEI HONE WONDER	C.	(Note: NOT Individual Social	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	ne building inspector and	the head of th	ne fire department for th	e above
Please Check Below:		LC	CAL LICENSING AUTH	HORITY
APPROVED:		Ву	:	
DISAPPROVED:				
(If disapproved explain)				
DATE:				<del></del> -



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LICENSE NUMBER	R: 016600329		CITY OR TOWN CAMBRII	DGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	SILVER HARVE	S, INC.		
DOING BUSINESS	A THAILAND CA	AFE		
ADDRESS 302 MA	SSACHUSETTS A	VENUE		
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: BIN	YANG, JIAN TY	PE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF				
GROUND FLOOR S KITCHEN.	STORE LOCATED	AT 302 MASS.AVE	W/SEPARATE DINING ROOM	M AND
I hereby certify and s	swear under penaltie	es of perjury that:		
1. the renew	ved license will be of	f the same type for the	e same premises now licensed;	
2. the licens	ee has complied wit	h all laws of the Com	monwealth relating to taxes; and	
3. the premi	ses are now open fo	r business (If not expl	lain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signe	d by the building ir	nspector and the hea	ne certificate required by Chap d of the fire department for the urance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:	-:-)			
(If disapproved expla	a111 <i>)</i>			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600330		CIT	Y OR TOW	N CAMBRID	OGE
APPLICATION FOR	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	DIMAS INCORPO	RATED				
DOING BUSINESS	A DOLPHIN SEA F	OOD				
ADDRESS 1105 M	ASSACHUSETTS A	VENUE				
CITY/TOWN: CAM	<b>IBRIDGE</b>	STATE:	MA	ZIP CODE:	02138	
MANAGER: GIAN S, PE	NACOPOULOTYP TER	E OF LICENS	E: Restaura	ant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL A	DDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	ES:				
KITCHEN AND DIN	NING ROOM ON TH	IE SECOND F	LOOR			
I hereby certify and s	=					
	ed license will be of t			_		
	ee has complied with			_	to taxes; and	
3. the premis	ses are now open for l	ousiness (If not	t explain be	elow)		
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and the	head of t	he fire depai	tment for the	above
Please Check Below:			LO	OCAL LICEN	ISING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expla	ın)		_			
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN CAMBRIL	JGE .
Annual	LICENSED FOR 2	013
CLASS		YEAR
RESTAURANT INC.		
VENUE		
STATE: MA	ZIP CODE: 02140	
E OF LICENSE: Rest	caurant CATEGORY:	Wine and Malt Regular
BSITE AND ENTER YOUR EM	AIL ADDRESS	
ES:		
		AGE IN
he same type for the sall laws of the Comm	onwealth relating to taxes; and	
or Authorized Corpor	rate Officer	
E NUMBER:		
	(Note: <u>NOT</u> Individual Social S	Security Number)
pector and the head	of the fire department for the	above
	LOCAL LICENSING AUTH	ORITY
	By:	
		_
	Annual CLASS RESTAURANT INC. VENUE STATE: MA E OF LICENSE: Rest BESITE AND ENTER YOUR EM ES: PRESSES, DINING F Of perjury that: The same type for the stall laws of the Communications (If not explain the company of the company that it is all laws of the Communications (If not explain the company that it is all laws of the Communications (If not explain the company that it is all laws of the Communications (If not explain the company that it is all laws of the Communications (If not explain the company that it is all laws of the Communications (If not explain the company that it is all laws of the Communications (If not explain the company that it is all laws of the Communications (If not explain the company that it is all laws of the communications (If not explain the company that it is all laws of the communications (If not explain the company that it is always th	Annual LICENSED FOR 2 CLASS RESTAURANT INC.  VENUE STATE: MA ZIP CODE: 02140 E OF LICENSE: Restaurant CATEGORY:  BISTITE AND ENTER YOUR EMAIL ADDRESS ES: RESSES, DINING ROOM, KITCHEN AND STOR  of perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and pusiness (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social State of the fire department for the liquor liability insurance required by Chapter 116  LOCAL LICENSING AUTH



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 016600332		CITY OR TO	WN CAMBRIL	)GE
APPLICATION	N FOR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
	AME: EASTERN F	•			
ADDRESS 561	CAMBRIDGE ST				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE	E: 02141	
MANAGER:	KOSINSKI, CHRISTOPHER	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS		_
-	N OF LICENSED P				
	M WITH BAR, DIN RAGE IN BASEME	IING ROOM WITH KITC NT	HEN COUNTE	R, KITCHEN ON	N FIRST
3. the J	•	Partner or Authorized Corp			
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, s	signed by the build	we are in possession (1) the ing inspector and the heat cate of liquor liability inst	d of the fire dep	partment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBE	K: 010000333		CITY OR TOWN CAMBRIL	GE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME:	. CAFE BARADA			
DOING BUSINESS	5 A			
ADDRESS 2269 M	ASSACHUSETTS A	VENUE		
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE: 02140	
	ARBEL, TYI AMEH	PE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:			
DESCRIPTION OF	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	see has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the prem	ises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004, signe	ed by the building ins	spector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	am)			
				<del></del>
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBE	R: 016600334		CITY OR TOWN	CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: ALGIERS C	ORPORATION			
DOING BUSINESS	S A ALGIERS (	COFFEE HOUSE			
ADDRESS 40 BRA	ATTLE STREET	Γ			
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE:	02138	
MANAGER: DU	RZI, EMILE	TYPE OF LICENSE: Re	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF		REMISES: ORS 1 AND 2 AND ON T			
BRATTLE STREE	TAND TWO TER ALLEYWA	2ND FLOORTHERE IS EMERGENCY EXITS F AYTHERE IS ALSO AN	ROM THE FIRST F	LOOR ONTO	)
I hereby certify and	swear under per	nalties of perjury that:			
1. the renev	wed license will	be of the same type for the	e same premises nov	v licensed;	
2. the licen	see has complied	d with all laws of the Com	monwealth relating	to taxes; and	
3. the prem	ises are now ope	en for business (If not exp	lain below)		
SIGNED BY	Individual P	Partner or Authorized Corp	orate Officer		
	marviduai, i	arther of Authorized Corp	orate officer		
DATE:	TEI EI	PHONE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	ILLLI	HONE NOMBER.	(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signe	ed by the buildi	we are in possession (1) the heat ing inspector and the heat ate of liquor liability instant	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					



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LICENSE NUMBER:	016600335		CITY OR TOWN	CAMBRID	OGE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HUAMULAN RESTA	URANT INC.			
DOING BUSINESS A	MULAN TAIWANE	SE RESTAURA	NT		
ADDRESS 228 BROA	ADWAY				
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: HUAN	NG HUA,SHUITYPE O	OF LICENSE: Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR I	EMAIL ADDRESS		_
	ICENSED PREMISES				
DINING ROOM WIT BATHROOMS.	H ENTRANCE FROM	BROADWAY;	KITCHEN WITH R	EAR EXIT	AND
<ol> <li>the renewed</li> <li>the licensed</li> </ol>	wear under penalties of penalties will be of the see has complied with all see are now open for bus	same type for the	monwealth relating to		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:			TION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Acts of 2004, signed	, attest that we are in p by the building inspec 2) the certificate of liqu	tor and the hea	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	$\neg$		By:		
DISAPPROVED:					
(If disapproved explain	ii <i>)</i>				
			<del></del>		
DATE:					



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LICENSE NUMBER: 016600337		CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: VERN'S CAFE DOING BUSINESS A THE CENTRAL	_	/OUS'	YEAR
ADDRESS 502 MASSACHUSETTS AV	ENUE		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02139
MANAGER: JOHNSON, TYPE STEPHEN H.	PE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMISONE KITCHEN, ONE DINING ROOM, FRONT DOOR ON MASS. AVE; SIDE REAR EXIT FROM KITCHEN TO REAR	AN OFFICE, BAR W EXIT FROM DININC	// 13 STOOLS ANI	
the renewed license will be of     the licensee has complied with     the premises are now open for  SIGNED BY  Individual, Partner	all laws of the Comm	onwealth relating to in below)	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building insnamed license and (2) the certificate of of 2010.	spector and the head	of the fire departr	nent for the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBE	R: 016600339		CITY OR TOWN	CAMBRID	GE
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 901 MA	S A CINDERELLA				ILAK
CITY/TOWN: CA	MBRIDGE	STATE: N	AA ZIP CODE:	02139	
MANAGER: BAI AN	RROS, Τ ΓΟΝΙΟ C.	YPE OF LICENSE	:Restaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DESCRIPTION OF DINING ROOM, K BUILDING AND 3	LICENSED PREM TTCHEN, 2 BATH	ROOMS, STORAG	GE,2 EXITS THROUGH	I THE FRON	TT OF
2. the licen	wed license will be see has complied w ises are now open f	of the same type for			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: NOT Ind	R IDENTIFICAT	
Acts of 2004, signe	ed by the building	inspector and the	) the certificate require head of the fire departi insurance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp.	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 016600340		CITY OR TOWN	CAMBRIDGE		
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013		
	CLASS		YEAR		
LICENSEE NAME: AMERICAN REPER DOING BUSINESS A	RTORY THEATRE	COMPANY INC.			
ADDRESS 2 ARROW STREET					
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE:	02138		
MANAGER: WOOD,ERIN TYPE	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISE ZERO ARROW THEATRE AND LOBBY STREET AND 2ND EGRESS ON ARROW SEATING IS FOR 176 WITH AN OCCUP SEATING OF 60 WITH 240 PATRONS S	WITH PRIMARY W & MT. AUBURN PANCY OF 327 AN	STS.2 ALTERNA	TE FLOOR PLANS		
<ol> <li>I hereby certify and swear under penalties of perjury that:</li> <li>the renewed license will be of the same type for the same premises now licensed;</li> <li>the licensee has complied with all laws of the Commonwealth relating to taxes; and</li> <li>the premises are now open for business (If not explain below)</li> </ol>					
SIGNED BY Individual, Partner of	r Authorized Corpo	rate Officer			
DATE: TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	016600342		CITY OR TOWN	CAMBRIDGE		
APPLICATION FOR	RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR		
LICENSEE NAME:  DOING BUSINESS A  ADDRESS 1124 CAM		IC.				
CITY/TOWN: CAMI		STATE: MA	ZIP CODE:	02139		
MANAGER: GILMA		F LICENSE: Res		ATEGORY: All Alcohol		
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBSITE		-			
	CENSED PREMISES:					
	REA AND BAR AREA; 4 RESTROOMS ON F					
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)						
SIGNED BY	Individual, Partner or A	authorized Corpo	orate Officer			
DATE:	TELEPHONE NU	JMBER:		IDENTIFICATION NUMBER:		
Acts of 2004, signed l	by the building inspect	or and the head	l of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	ING AUTHORITY		
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 016600344		CITY OR TOWN	CAMBRID	OGE
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	C.T.Y. CORPORATION	ON			
DOING BUSINESS	A GUANGZHOU RES	STAURANT			
ADDRESS 1220 CA	MBRIDGE STREET				
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: WON	NG, QUINN Y. TYPE	OF LICENSE: R	estaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISES				
KITCHEN AND DI	NING AREA ON FIRST	Γ FLOOR.			
•	swear under penalties of				
	ed license will be of the	• •	-		
	ee has complied with all		=	to taxes; and	
3. the premi	ses are now open for bus	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	NIIMBER:	EMPLOYE:	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEEI HOIVE I	TOMBLE.	(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of liq	ctor and the hea	nd of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)		<del></del>		
DATE:					



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LICENSE NUMBER	R: 016600348		CITY OR TOWN CAMBRI	DGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	Grangusto, LLC			
DOING BUSINESS	A Grangusto at the	Brickyard		
ADDRESS 90 Sher	man St			
CITY/TOWN: CAI	MBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: Loci	lento, Marilena TYl	PE OF LICENSE: Re	estaurant CATEGORY:	: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
dining room, kitchen	on first floor, outsid	e seats for service of	food with wine and malt bevera	ges
I hereby certify and	swear under penalties	s of perjury that:		
1. the renew	ved license will be of	the same type for the	e same premises now licensed;	
2. the licens	ee has complied with	all laws of the Com	monwealth relating to taxes; and	
3. the premi	ses are now open for	business (If not expl	lain below)	
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signe	d by the building in	spector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

CITY	OR TOWN CAMBRID	OL
nnual	LICENSED FOR 20	)13
LASS		YEAR
E: MA Z	IP CODE: 02139	
ENSE: Restauran	t CATEGORY:	Wine and Malt Regular
NTER YOUR EMAIL ADI	DRESS	-
BEVERAGES; O	ONE REAR EXIT INTO	R THE
that:		
ype for the same j	premises now licensed;	
f the Commonwe	alth relating to taxes; and	
If not explain bel	ow)	
. 10 0	.cc	
ized Corporate O	Tricer	
ED.	EMPI OVER IDENTIFICAT	ION NUMBER
d the head of the	e fire department for the	above
LO	CAL LICENSING AUTHO	ORITY
LOO By:		ORITY
	E: MA Z ENSE: Restauran  NTERIA AND E BEVERAGES; C E/EXIT ON MA  that:  ype for the same p f the Commonwe If not explain bel  ER:  ER:	E: MA ZIP CODE: 02139 ENSE:Restaurant CATEGORY:  WIER YOUR EMAIL ADDRESS  NTERIA AND EXTERIOR SEATING FOIR BEVERAGES; ONE REAR EXIT INTO DETEXT ON MASS AVE.  that:  The Commonwealth relating to taxes; and If not explain below)  ized Corporate Officer



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LICENSE NUMBER: 016	600351		CITY	OR TOW	N CAMBRII	DGE
APPLICATION FOR REI	NEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: IMI DOING BUSINESS A IN ADDRESS 40 PROSPEC	MPROVBOST(		BOSTON,I	NC		
CITY/TOWN: CAMBRI	DGE	STATE: N	MA ZI	P CODE:	02139	
MANAGER: WARD, Z	ACHARY TY	TE OF LICENSE	::Restaurant		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR V	VEBSITE AND ENTER YO	OUR EMAIL ADDI	RESS		
DESCRIPTION OF LICE						
LOBBY, THEATRE ANI IN BASEMENT	O CABARET 1	ROOM ON FIRS	Γ FLOOR S'	TORAGE	AND GREEN	ROOM
I hereby certify and swear	under penaltie	es of perjury that:				
1. the renewed lic	ense will be of	f the same type for	r the same p	remises no	w licensed;	
2. the licensee has	s complied wit	h all laws of the C	Commonwea	lth relating	g to taxes; and	
3. the premises ar	-					
SIGNED BY						
Ind	ividual, Partne	er or Authorized C	Corporate Of	ficer		
DATE						
DATE:	TELEPHO	NE NUMBER:	a			TION NUMBER: Security Number)
			(1	1010. <u>1101</u>	marviduai Sociai	Security Number)
We the undersigned, att Acts of 2004, signed by the named license and (2) the of 2010.	the building in	spector and the	head of the	fire depar	rtment for the	e above
Please Check Below:			LOC	AL LICE	NSING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMB	ER: 016600352		CITY OR TOWN	CAMBRID	OGE
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: TIGERS AND BE	ARS, LLC			
DOING BUSINES	SS A TORY ROW				
ADDRESS 3 BRA	ATTLE STREET				
CITY/TOWN: C	AMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: CU	URTIS, TY ATTHEW	PE OF LICENSE: R	estaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	/EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION C	OF LICENSED PREMI	SES:			
AREA, KITCHEN STREET,EMERG	'AIL SPACE WITH 95 N, AND TWO ADA BA BINCY EXIT IN BACK BEATING AND 8 STA E.	ATHROOMS. ENTI K ON ALLY TO PA	RANCE/EXIT ON B LMER ST, THERE I	RATTLE IS A BAR WI	
I hereby certify an	d swear under penaltie	s of perjury that:			
1. the ren	ewed license will be of	the same type for the	ne same premises now	licensed;	
2. the lice	ensee has complied with	h all laws of the Con	nmonwealth relating t	to taxes; and	
3. the pre-	mises are now open for	business (If not exp	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, sign	ned, attest that we are ned by the building in nd (2) the certificate o	spector and the he	ad of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	piain)				
			-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 016600353		CITY (	OR TOWN	CAMBRID	GE
APPLICATION FOI	R RENEWAL:	Annua	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 20 SIDN	TEY ST					
CITY/TOWN: CAN	MBRIDGE	STATE:	MA ZIF	P CODE:	02139	
MANAGER: O'HE	EIR, RYAN E. TY	PE OF LICENS	SE:Innholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		YOUR EMAIL ADDR	RESS		
DESCRIPTION OF REST WITH LOUN LIBRARY/LOUNG! PREASSEMBLED I	GE, 6 OUTSIDE TA E ON FIRST FLOOI	ABLES, 18 SEA R. 8 MEETING	GROOMS ON	THIRD FLO	OOR, INCLU	
I hereby certify and s	swear under penaltie	s of perjury that	t:			
	red license will be of	• •	-			
	ee has complied with			•	o taxes; and	
3. the premi	ses are now open for	business (If no	ot explain belov	w)		
SIGNED BY	Individual, Partne	r or Authorized	Corporate Off	ficer		
			ſ			
DATE:	TELEPHON	IE NUMBER:	4)			ION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and th	e head of the	fire departr	nent for the	above
Please Check Below: APPROVED:			LOCA By:	AL LICENS	ING AUTHO	ORITY
DISAPPROVED: [(If disapproved explain	ain)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 016600354		CITY OR TOW	N CAMBRIE	OGE
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	CENTRAL SQUAR A	E THEATER, IN	C.		
ADDRESS 450 MA	SSACHESETTS AVE	NUE			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER: WIS	E, DEBORAH TYPI	E OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	BSITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISI				
	AND3RD FLOORS		NED MIXED-USE	FACILITY	
•	swear under penalties			1: d.	
	ved license will be of the ee has complied with a	• •	•		
	ses are now open for b			g to taxes, and	
	Υ				
SIGNED BY	Individual, Partner of	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		TER IDENTIFICATION INDIVIDUAL SOCIAL STATES	
Acts of 2004, signed	d, attest that we are i d by the building insp (2) the certificate of l	ector and the he	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBE	ER: 016600355		CI	TY OR TOW	N CAMBRID	GE
APPLICATION FO	OR RENEWAL:	Annu	al	LICE	NSED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME	E: JP RESTAURANT	PARTNERS	INC.			
DOING BUSINES	S A SMALL PLATES	RESTAURA	NT AND V	WINE BAR		
ADDRESS 56 JOH	IN F. KENNEDY STRI	EET				
CITY/TOWN: CA	AMBRIDGE	STATE:	MA	ZIP CODE:	02139	
	CCA, TYPI EPHANIE ROSSI	E OF LICEN	SE:Restaur	ant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_
	F LICENSED PREMIS					
	ING ROOM; KITCHEN ET AND REAR ENTRA		OMS, OUT	SIDE PATIO	, REAR ENTR	ANCE
1. the rene	I swear under penalties of the wed license will be of the see has complied with a	he same type	for the sam	•		
3. the pren	nises are now open for b	ousiness (If no	ot explain b	elow)		
SIGNED BY	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			ER IDENTIFICAT Individual Social S	
Acts of 2004, sign	ned, attest that we are in ed by the building insign d (2) the certificate of l	pector and th	e head of	the fire depai	rtment for the	above
Please Check Below:			L	OCAL LICEN	NSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:	loin)					
(If disapproved exp	nam)					
DATE:			_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600356	(	CITY OR TOWN CAMBRIL	)GE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: HOPPY, LLC			
DOING BUSINESS A THE BOATHO	OUSE		
ADDRESS 49 MT AUBURN ST			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: HOPKINS, T'LAURENCE	YPE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
DESCRIPTION OF LICENSED PREM			
1ST FL. CONSISTING OF A DINING STORAGE.MAIN ENTRANCE ON M EXIT ON BOW STREET.			
I hereby certify and swear under penalti	ies of perjury that:		
1. the renewed license will be o	of the same type for the sa	ame premises now licensed;	
2. the licensee has complied wi		•	
3. the premises are now open for	or business (If not explain	ı below)	
SIGNED BY Individual, Partn	ner or Authorized Corpora	ate Officer	
,	·		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
TEDET TIC	TIETIONIBER.	(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head o	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	::016600360		CITY OR TOWN	CAMBRID	GE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	•	TH PIZZA CO.			
ADDRESS 1782 MA	SSACHUSETTS	AVE			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE:	02139	
	BINS, TOPHER	YPE OF LICENSE: Ro	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF I		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	ses are now open f	or business (If not exp	lain below)	o taxes; and	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, signed	l by the building i	re in possession (1) this pector and the heat of liquor liability ins	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 01660	00362	(	CITY OR TO	WN CAMBRIL	OGE
APPLICATION FOR RENE	EWAL: A	nnual	LIC	CENSED FOR 2	013
	C	CLASS			YEAR
LICENSEE NAME: K.W.	HOTEL CORP.				
DOING BUSINESS A HOT	TEL TRIA				
ADDRESS 220 ALEWIFE	BROOK PARKWAY				
CITY/TOWN: CAMBRID	GE STAT	E: MA	ZIP CODI	E: 02139	
MANAGER: SMITH,SHA	ANNON TYPE OF LIC	ENSE: Innho	older	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND E	NTER YOUR EMA	IL ADDRESS		
FUNCTION ROOM ON FII STANDING.BREAKFAST/ 69 ROOMS LOCATED ON FLOOR.ONE MAIN ENTR	FUNCTION ROOM O 2ND,3RD AND 4TH	N FIRST FL FLOORS AN	OOR WITH . ND A POOL .	A CAPACITY O	
I hereby certify and swear ur	nder penalties of perjury	that:			
	ise will be of the same t		-		
	complied with all laws o			ing to taxes; and	
3. the premises are i	now open for business (	ii not expiair	i below)		
SIGNED BY Indivi	idual, Partner or Author	ized Corpora	ate Officer		
DATE:	TELEPHONE NUMBI	ER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO	T Individual Social S	Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	e building inspector an	d the head o	of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapproved expiaiii)					
DATE:					



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	CITY OR TOWN	CAMBRIDGE
Annual	LICENSE	ED FOR 2013
CLASS		YEAR
STAURANT		
ENUE		
STATE: MA	ZIP CODE:	02139
E OF LICENSE: Res	taurant CA7	TEGORY: Wine and Malt Regular
SITE AND ENTER YOUR EN	IAIL ADDRESS	
ES:		
		N FRONT
of perjury that:		
e same type for the	same premises now lie	censed;
ll laws of the Comr	nonwealth relating to t	taxes; and
usiness (If not expla	in below)	
or Authorized Corpo	rate Officer	
NUMBER:		DENTIFICATION NUMBER:
	(Note: NOT Indivi	idual Social Security Number)
ector and the head	of the fire departme	ent for the above
	LOCAL LICENSIN	NG AUTHORITY
	By:	
	CLASS  STAURANT  ENUE  STATE: MA  E OF LICENSE: Res  SITE AND ENTER YOUR EN  ES:  ANT AND FULL IS  BACKDOUBLE IT  of perjury that:  the same type for the all laws of the Commusiness (If not explain  or Authorized Corporation  NUMBER:  In possession (1) the sector and the head	Annual CLASS  CSTAURANT  ENUE  STATE: MA ZIP CODE:  SOF LICENSE: Restaurant CAT  SITE AND ENTER YOUR EMAIL ADDRESS  ES:  ANT AND FULL KITCHEN WITH 2  BACKDOUBLE DOOR ENTRANCE IT  of perjury that:  the same type for the same premises now litell laws of the Commonwealth relating to the usiness (If not explain below)  or Authorized Corporate Officer  NUMBER: EMPLOYER II  (Note: NOT Indiv.)  In possession (1) the certificate required the pector and the head of the fire department in possession (1) the certificate required the pector and the head of the fire department in possession (2) the certificate required the pector and the head of the fire department in possession (3) the certificate required the pector and the head of the fire department in possession (4) the certificate required the pector and the head of the fire department in possession (5) the certificate required the pector and the head of the fire department in possession (1) the certificate required the pector and the head of the fire department in possession (1) the certificate required the pector and the head of the fire department in possession (1) the certificate required the pector and the head of the fire department in possession (1) the certificate required the pector and the head of the fire department in possession (2) the pector and the head of the fire department in possession (3) the pector and the head of the fire department in possession (4) the pector and the head of the fire department in possession (4) the pector and the head of the fire department in possession (5) the pector and the head of the fire department in possession (5) the pector and the head of the fire department in possession (6) the pector and the head of the fire department in possession (6) the pector and the head of the fire department in possession (6) the pector and the head of the fire department in possession (6) the pector and the head of the fire department in possession (6) the pector and the pecto



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	6600366		CITY OR TO	OWN CAMBRIL	)GE
APPLICATION FOR RE	ENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 47	PALMER,INC.				
DOING BUSINESS A	PASSIM FOLK MU	JSIC AND CULT	URAL CENTE	ER	
ADDRESS 26 CHURCH	H ST				
CITY/TOWN: CAMBR	RIDGE	STATE: MA	ZIP COD	DE: 02139	
MANAGER: SMITH,N	MATTHEW TYPE	OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	SE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISE	S:			
2414 SQ. FT. AREA WI CORNER WITH SEVER CORNERGRIIN ROOM	RAL TABLES FRO				
I hereby certify and swea	r under penalties of	f perjury that:			
1. the renewed li	icense will be of the	e same type for the	e same premises	s now licensed;	
2. the licensee ha	as complied with al	l laws of the Com	monwealth rela	ting to taxes; and	
3. the premises $\alpha$	are now open for bu	siness (If not exp	lain below)		
SIGNED BY In	dividual, Partner or	Authorized Corp	orate Officer		
D A TELE					
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICAT OT Individual Social S	
			(110tc. <u>111</u>	OI marviduai sociai s	security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building inspe	ector and the hea	d of the fire de	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 01	6600367		CI	TY OR TO	WN	CAMBRII	DGE
APPLICATION FOR RE	ENEWAL:	Annua	al	LI	CENS	SED FOR 2	013
		CLAS	S				YEAR
LICENSEE NAME: LE	E CORDON BLE	J COLLEGE	OF CULI	NARY AR	TS IN	C.	
DOING BUSINESS A	ΓECHNIQUE						
ADDRESS 215 FIRST S	STREET						
CITY/TOWN: CAMBR	RIDGE	STATE:	MA	ZIP COD	E:	02139	
MANAGER: ABELMANDREV		E OF LICENS	SE:Restau	rant	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
PLEA	SE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS			
DESCRIPTION OF LIC	ENSED PREMIS	ES:					
RESTAURANT LOCATSEATING CAPACITY				RDON BL	EU IN	ISTITUTE	
I hereby certify and swea	r under penalties	of perjury that	:				
1. the renewed li	icense will be of the	he same type	for the san	ne premises	now 1	licensed;	
2. the licensee h	as complied with	all laws of the	Common	wealth rela	ting to	taxes; and	
3. the premises a	are now open for b	ousiness (If no	t explain	below)			
SIGNED BY							
In	dividual, Partner	or Authorized	Corporate	e Officer			
D							
DATE:	TELEPHONE	E NUMBER:					TION NUMBER: Security Number)
				(110tc. <u>111</u>	ZI IIIUI	viduai Sociai	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building insp	pector and th	e head of	the fire de	partn	nent for the	e above
Please Check Below:			Ι	OCAL LIC	CENSI	ING AUTH	IORITY
APPROVED:			F	Ву:			
DISAPPROVED:							
(If disapproved explain)			-				
			-				
DATE:			-				



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	CITY OR TOWN CAMBRIL	)GE
: Annual	LICENSED FOR 2	013
CLASS		YEAR
R CRUST HARVARD SQU	ARE,LLC	
ER CRUST		
EET		
STATE: MA	ZIP CODE: 02139	
TYPE OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
PREMISES:		
		N AND
enalties of perjury that:		
l be of the same type for the	same premises now licensed;	
ed with all laws of the Comm	onwealth relating to taxes; and	
pen for business (If not expla-	in below)	
Partner or Authorized Corpor	rate Officer	
EPHONE NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
	(Note: <u>NOT</u> Individual Social S	Security Number)
ling inspector and the head	of the fire department for the	e above
	LOCAL LICENSING AUTH	ORITY
	By:	
	-	
	ER CRUST HARVARD SQUER CRUST EET  STATE: MA  TYPE OF LICENSE: Resident of the same type for the same t	CLASS  R CRUST HARVARD SQUARE, LLC  ER CRUST  STATE: MA ZIP CODE: 02139  TYPE OF LICENSE: Restaurant CATEGORY:  T OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  REMISES: AIN ENTRANCE IN FRONT ON BRATTLE ST. KITCHER  ROP AND STORAGE IN BADEMENT  enalties of perjury that: I be of the same type for the same premises now licensed; ed with all laws of the Commonwealth relating to taxes; and pen for business (If not explain below)  Partner or Authorized Corporate Officer  PHONE NUMBER: EMPLOYER IDENTIFICATION  (Note: NOT Individual Social State of liquor liability insurance required by Chapter 116  LOCAL LICENSING AUTH



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LICENSE NUMBER	:016600369		CITY OR TOV	VN CAMBRIL	)GE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TOASTED HATCH	H,LLC			
DOING BUSINESS	A THE FRIENDLY	TOAST			
ADDRESS ONE KE	NDALL SQUARE B	LDG 300			
CITY/TOWN: CAM	1BRIDGE	STATE: MA	ZIP CODE	: 02139	
MANAGER: JASP	ER,MELISSA TYP	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	ES:			
3 DINING AREAS, I OFFICE SPACE. BA					AND
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of the	he same type for the	e same premises r	now licensed;	
	ee has complied with			ng to taxes; and	
3. the premis	ses are now open for b	ousiness (If not exp	lain below)		
GIGNED DV					
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned	l, attest that we are	in nossossion (1) tl	na gartificata rag	wired by Chent	tor 301 of the
	by the building ins				
named license and ( of 2010.	(2) the certificate of	liquor liability ins	urance required	by Chapter 116	6 of the Acts
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		<del></del>		
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY LIG	CENSEES DURING THE M	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER:	016600370		CITY OR TOWN CAMBRIL	OGE .
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME:	BRATTLE FILM F	OUNDATION		
DOING BUSINESS A	A BRATTLE THEA	TER		
ADDRESS 40 BRAT	TLE STREET			
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: HINK	LE,EDWARD TYPI	E OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTION OF L	ICENSED PREMIS	ES:		
MAIN ENT,EXIT AN CONTAINS THEAT	NA LARGE UPSTA RE SEATING, A ST	IRS AUDITORIUM AGE,AND A PROJI	SMALL BASEMET LOBBY W. I,WITH A MEZZANINE,WHIC ECTION ROOM.THERE ARE I THE AUDITOREUM.	Н
I hereby certify and sv	vear under penalties	of perjury that:		
1. the renewe	d license will be of the	ne same type for the	same premises now licensed;	
2. the license	e has complied with a	all laws of the Comn	nonwealth relating to taxes; and	
3. the premise	es are now open for b	ousiness (If not expla	in below)	
SIGNED BY	Individual, Partner o	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: <b>NOT</b> Individual Social S	security Number)
Acts of 2004, signed	by the building insp	pector and the head	e certificate required by Chapt of the fire department for the rance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	n)		_	
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 0100003/1		CITY OR TOWN CAMBR	adde
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: VIVACE VI NESS A CENTRAL 6 MASSACHUSET	BOTTLE		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	RUBINO, MAUREEN	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P H 54 FT OF STORE			
2. the	licensee has complie premises are now op			ad .
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:016600373		CITY	OK TOWN	CAMBRIL	JGE
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 777 MEM	A BISUTEKI TOYI			USE		
CITY/TOWN: CAM		STATE: N	<b>Λ</b> Δ 711	P CODE:	02139	
MANAGER: LIN,C					0207	All Alcohol
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YO	OUR EMAIL ADDR	RESS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:				
1ST FLOOR CONTA ROOM,KITCHEN, A					INING	
I hereby certify and sv	wear under penalties	of perjury that:				
1. the renewe	ed license will be of	the same type for	r the same pi	remises nov	v licensed;	
	e has complied with			•	to taxes; and	
3. the premis	es are now open for	business (If not	explain belov	w)		
SIGNED BY	Individual, Partner	or Authorized C	Corporate Off	ficer		
DATE:	TELEPHON	E NUMBER:	1)			TION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and ( of 2010.	by the building ins	spector and the	head of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOC. By:	AL LICEN	SING AUTH	ORITY



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APPLICATION FOR RENEWA		CITY OR TOWN CAMBRIDG	E
ALL LICATION FOR RENEWA	L: Annual	LICENSED FOR 201	3
	CLASS	Y	EAR
LICENSEE NAME: ZAVOO II	NC.		
DOING BUSINESS A EVOO/Z	A		
ADDRESS 350 THIRD STREET	Γ		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: KURLAND, STEVEN L	TYPE OF LICENSE: Resi	aurant CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED			
THREE DINING ROOMS, BAR 18 STANDING, 110 SEATS OU		EN & STORAGE. 227 SEATS IN	NSIDE,
I hereby certify and swear under j	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the s	same premises now licensed;	
2. the licensee has complete	lied with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now	open for business (If not expla-	in below)	
SIGNED BY			
Individual	, Partner or Authorized Corpor	ate Officer	
marviduai	, runner of runnonzed corpor		
marviduai	, runner of runnonzed corpor		
marviduai	, runner of runnonzed corpor		
DATE.	EPHONE NUMBER:	EMPLOYER IDENTIFICATION	
DATE.			
DATE: TEL  We the undersigned, attest tha Acts of 2004, signed by the buil	EPHONE NUMBER: t we are in possession (1) the lding inspector and the head	EMPLOYER IDENTIFICATION	304 of the bove
DATE: TEL  We the undersigned, attest tha Acts of 2004, signed by the buil named license and (2) the certiof 2010.  Please Check Below:	EPHONE NUMBER: t we are in possession (1) the lding inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter of the fire department for the all	304 of the bove f the Acts
DATE: TEL  We the undersigned, attest tha Acts of 2004, signed by the buil named license and (2) the certifof 2010.  Please Check Below: APPROVED:	EPHONE NUMBER: t we are in possession (1) the lding inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter of the fire department for the algorithm and the required by Chapter 116 of the required by Chapter	304 of the bove f the Acts
DATE: TEL  We the undersigned, attest tha Acts of 2004, signed by the buil named license and (2) the certifof 2010.  Please Check Below: APPROVED: DISAPPROVED:	EPHONE NUMBER: t we are in possession (1) the lding inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter of the fire department for the algorithm and the required by Chapter 116 of the	304 of the bove f the Acts
DATE: TEL  We the undersigned, attest tha Acts of 2004, signed by the buil named license and (2) the certifof 2010.  Please Check Below: APPROVED:	EPHONE NUMBER: t we are in possession (1) the lding inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter of the fire department for the algorithm and the required by Chapter 116 of the	304 of the bove f the Acts
DATE: TEL  We the undersigned, attest tha Acts of 2004, signed by the buil named license and (2) the certifof 2010.  Please Check Below: APPROVED: DISAPPROVED:	EPHONE NUMBER: t we are in possession (1) the lding inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter of the fire department for the algorithm and the required by Chapter 116 of the	304 of the bove f the Acts



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LICENSE NUMBER: 01	6600375		CITY OR TOWN	CAMBRID	)GE
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: VE DOING BUSINESS A T ADDRESS 1131 MASSA	THE HOTEL VER	RITAS	LLC		
CITY/TOWN: CAMBR		STATE: MA	ZIP CODE:	02139	
MANAGER: WILLIS,	BENSON TYP!	E OF LICENSE: Ini	nholder C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	CMAIL ADDRESS		
DESCRIPTION OF LICI FOUR STORY, 32 STOI AND A TWO LEVEL SI PRIVATE PROPERTY I	RY ROOM LUXU UB GRADE PAR	URY HOTEL WITI			
2. the licensee ha	as complied with a	he same type for the	e same premises nov monwealth relating lain below)		
SIGNED BY	dividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building insp	pector and the hea	d of the fire depart	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	010000376		CITY OR TO	JWN	CAMBRII	JGE
APPLICATION FOR	RENEWAL:	Annual	L	ICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	EXNE LLC					
DOING BUSINESS A	A EAST BY NORTH	HEAST				
ADDRESS 1128 CAN	MBRIDGE STREET					
CITY/TOWN: CAM	BRIDGE	STATE: MA	ZIP COI	DE:	02139	
MANAGER: TANC	G, PHILLIP TYP	E OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS			_
DESCRIPTION OF L						
FIRST FLOOR DINII HAS OFFICE AND S		IN RESTROOM; FF	RONT AND R	EAR	EXITS; BAS	SEMENT
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of the	he same type for the	same premise	s now	licensed;	
2. the license	e has complied with	all laws of the Comr	nonwealth rela	ating t	o taxes; and	
3. the premise	es are now open for l	ousiness (If not explain	ain below)			
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer			
	,					
DATE:	TELEPHONE	E NI IMBER:	EMP	LOYEF	R IDENTIFICA	TION NUMBER:
	TEEE HOIVE	Trember.	(Note: <u>N</u>	OT Inc	lividual Social	Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the head	d of the fire d	eparti	ment for the	e above
Please Check Below:			LOCAL LI	CENS	SING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:			-			
DAIE.						



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LICENSE NUMBE	R: 016600377		CITY OR TOWN CAMBRIL	GE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
DOING BUSINESS	: MUQUECA RESTAU S A AMBRIDGE STREET	JRANT INC.		
		CEL TEL 1	7ID CODE 02120	
CITY/TOWN: CA		STATE: MA	ZIP CODE: 02139	
MANAGER: GO	MES, ANTONIO TYPE	OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:	_		
	PLEASE ALSO VISIT OUR WEBS	TE AND ENTER YOUR EM	AIL ADDRESS	-
DESCRIPTION OF	LICENSED PREMISES	3:		
DINING ROOM W	ITH BAR, WAITING A	AREA, AND KITC	HEN ALL ON THE FIRST FLO	OOR
I hereby certify and	swear under penalties of	perjury that:		
1. the renev	wed license will be of the	same type for the	same premises now licensed;	
2. the licens	see has complied with all	laws of the Comm	nonwealth relating to taxes; and	
3. the prem	ises are now open for bu	siness (If not expla	in below)	
SIGNED BY	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004, signe	ed by the building inspe	ctor and the head	certificate required by Chapt of the fire department for the rance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVED:   (If disapproved expl				
(11 disappioved expi	am)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LICE	NSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	5A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 016600378		CITY OR TO	WN CAMBRIL	GE
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WAHOO.COM				
DOING BUSINESS	A GENKI YA				
ADDRESS 231 ALE	EWIFE BROOK PAR	KWAY			
CITY/TOWN: CAN	MBRIDGE	STATE: MA	ZIP CODE	E: 02139	
MANAGER: DUC	NG, QUE TAI TYP	'E OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
DINNER AREA, SU COOLER/FREEZER AND REAR EXIT O	R, STORAGE AREA,	, OFFICEMAIN E			G LOT
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises	now licensed;	
2. the license	ee has complied with	all laws of the Com	nonwealth relat	ing to taxes; and	
3. the premi	ses are now open for	business (If not expl	ain below)		
-					
SIGNED BY					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT ${f T}$ Individual Social S	
			(Note: <u>110</u>	I murviduai sociai s	security Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the head	d of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE:					



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LICENSE NUMBER: 01660	0379	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENE	WAL: Annua	ıl LICEN	ISED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: UNUS DOING BUSINESS A THII ADDRESS 1 KENDALL SQ	NK TANK		
CITY/TOWN: CAMBRID	GE STATE:	MA ZIP CODE:	02139
MANAGER: CONTE, VI	NCENT TYPE OF LICENS	SE:Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	LSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS FULL SERVICE REST, LO AND LOUNGE IN FRONT EXITS. OUTSIDE SEATIN	UNGE, NITE CLUB, BAR FROM A DANCE FLOOR		
I hereby certify and swear un	der penalties of perjury that	:	
2. the licensee has c	se will be of the same type f omplied with all laws of the now open for business (If no	Commonwealth relating t	
SIGNED BY Indivi	dual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspector and th	e head of the fire depart	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:010000380		CITY	OK TOWN	CAMBRIL	JGE
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 4 CAMB	A MEADHALL	URANT GROUP, LL	С			
CITY/TOWN: CAN		STATE: MA	ZI	P CODE:	02139	
		TPE OF LICENSE: Re			0_00	All Alcohol
EMAIL ADDRESS:						
L J	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADD	RESS		
DESCRIPTION OF I	LICENSED PREM	ISES:				
		I 1ST AND 2ND FLO ESS PRIVATE PATI		RESTROOM	IS IN BASEN	MENT
I hereby certify and s	wear under penaltie	s of perjury that:				
1. the renewe	ed license will be or	f the same type for the	same p	remises nov	v licensed;	
	•	h all laws of the Com		Ū	to taxes; and	
3. the premis	ses are now open fo	r business (If not expl	ain belo	ow)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Of	ficer		
DATE:	TELEDIO	VE MANDED		EMDI OVE		ΓΙΟΝ NUMBER:
DITTE.	TELEPHO	NE NUMBER:	(			Security Number)
Acts of 2004, signed	by the building in	e in possession (1) th nspector and the head of liquor liability insu	d of the	fire depart	ment for the	above
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expla	in)		<u></u>			
(ii disappioved expid	···· <i>)</i>					
DATE:						



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LICENSE NUMBER: 016600381	(	CITY OR TOWN CA	MBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: FLOATING ROCK  DOING BUSINESS A			
ADDRESS 485 MASSACHUSETTS AVE			120
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02	139
MANAGER: SOK, JENNY TYPE	E OF LICENSE: Resta	aurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB		AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE IN ONE ROOM ON GROUND FLOOR, V REAR; MAIN ENTRANCE ON MASSAC	VITH KITCHEN, RE		
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th	e same type for the s	ame premises now licen	ised;
<ul><li>2. the licensee has complied with a</li><li>3. the premises are now open for b</li></ul>		•	es; and
SIGNED BY Individual, Partner o	r Authorized Corpor	ate Officer	
DATE: TELEPHONE	NUMBER:		VTIFICATION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of license 2010.	ector and the head	certificate required by of the fire department	Chapter 304 of the for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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LICENSE NUMBE	R: 016600382		CITY OR TOWN	CAMBRID	OGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: BONDIR RES	TAURANT INC.			
DOING BUSINESS	S A BONDIR RE	STAURANT			
ADDRESS 279A B	ROADWAY				
CITY/TOWN: CA	MBRIDGE	STATE: N	AA ZIP CODE:	02139	
MANAGER: BOI	ND, JASON	TYPE OF LICENSE	::Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	•				
		UR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION OF					
			ROOMSBASEMENT ND REAR EXIT TO AI		
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	wed license will b	e of the same type for	r the same premises now	licensed;	
2. the licen	see has complied	with all laws of the C	Commonwealth relating t	o taxes; and	
	-	n for business (If not e			
SIGNED BY					
	Individual, Par	rtner or Authorized C	Corporate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
Acts of 2004, signe	ed by the buildin	g inspector and the	) the certificate require head of the fire departs insurance required by	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	laın)				
DATE:					



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LICENSE NUI	MBER: 016600383		CITY OR TOWN	CAMBRIDGE	
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013	
		CLASS		YE	AR
DOING BUSIN	AME: SEASON TO TAI	ASTE	C		
	47 MASSACHUSETTS A				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER:	HARRIS, ROBERT TY S.	PE OF LICENSE: R	estaurant CA'		ine and alt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMI	ISES:			
KITCHEN AN	D DINING ROOM IN A	N OPEN SPACES	SEATING CAPACITY	OF 12	
, ,	and swear under penaltie				
1. the	renewed license will be of	f the same type for th	e same premises now li	censed;	
	licensee has complied wit		_	taxes; and	
3. the 1	premises are now open for	r business (If not exp	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER I (Note: <u>NOT</u> Indiv	DENTIFICATION idual Social Secur	
Acts of 2004,	rsigned, attest that we ar signed by the building ir e and (2) the certificate o	spector and the hea	ad of the fire departm	ent for the abo	ove
Please Check Belo	ow:		LOCAL LICENSII	NG AUTHORI	TY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M.C	L. Ch. 138 \$ 16A)	



www.mass.gov/abcc

LICENSE NUMBE	R: 016600384		CITY OR TOWN CAMBRI	DGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME		MBRIDGE LLC JRBAN OASIS & ORO	SANIC CAFÉ	
ADDRESS 765 MA			JANIC CAI L	
CITY/TOWN: CA		STATE: MA	ZIP CODE: 02139	
		YPE OF LICENSE: Res		: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF				
			/ENUE AND INMANONE OFF INMAN STREET	
I hereby certify and	swear under penaltic	es of perjury that:		
1. the renev	wed license will be o	of the same type for the	same premises now licensed;	
2. the licen	see has complied wi	th all laws of the Comm	nonwealth relating to taxes; and	1
3. the prem	ises are now open for	or business (If not expla	ain below)	
SIGNED BY	Individual Danta	A4h C	onto Office.	
	marviduai, Partii	er or Authorized Corpo	orate Officer	
DATE:	TELEDIA	NIE NII IMDED.	EMPLOYER IDENTIFICA	ATION NUMBER:
	TELEPHO	NE NUMBER:	(Note: NOT Individual Social	
Acts of 2004, signe	ed by the building i	nspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	laın)			
DATE:				



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LICENSE NUMBE	R:016600386		CITY OR TOWN CAMBRII	DGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	HOUSE OF CHAR A HOUSE OF CHAR NCORD AVENUE			
CITY/TOWN: CA		STATE: MA	ZIP CODE: 02139	
MANAGER: CHA	ANG, KATHY TY	PE OF LICENSE:Re		Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
FOYER, DINING R FLOOR.	OOM WITH SERV	ICE BAR, AND KIT	CHEN ALL LOCATED ON TH	E FIRST
<ol> <li>the renew</li> <li>the licens</li> </ol>	see has complied with	the same type for the	e same premises now licensed; monwealth relating to taxes; and lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signe	d by the building in	spector and the hea	ne certificate required by Chap d of the fire department for the urance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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LICENSE NU	MBER: 016600387		CITY OR TOWN	CAMBRIDO	θE
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 201	.3
		CLASS		Y	YEAR
LICENSEE NA	AME: WINDING ROAD	LLC			
DOING BUSI	NESS A ABIGAIL'S				
ADDRESS 29	1 THIRD STREET				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER:	LUDWIG, JAMES TYI	PE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		
	N OF LICENSED PREMIS				
ROOM, OFFICE ENTRANCE (	5 SQ FT ON FIRST FLOO CE, DINING AREA AND ON THIRD STREET, ADD	BAR AREA, MEN'S A DITIONAL EGRESS T	AND WOMEN'S R TO PATIO AREA	ESTROOMS. AND DELIVE	MAIN ERY
	<b>TCHEN</b> ; <b>SEASONAL OU</b> and swear under penalties		EA ADJOINING I	HE PREMISE	23
, ,	renewed license will be of		ame premises now	licensed:	
	licensee has complied with		_		
	premises are now open for		ě	,	
SIGNED BY	T 11 1 1 D .	A .1 1.C	. 055		
	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEDIJON	E NUMBED.	FMPI OVER	IDENTIFICATION	ON NUMBER:
	TELEPHON	E NUMBER:	(Note: NOT Ind		
					•
Acts of 2004,	rsigned, attest that we are signed by the building insee and (2) the certificate of	spector and the head	of the fire departr	nent for the a	bove
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	i expiain)				
DATE:					



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LICENSE NUMBER: 016600388		CITY OR TOWN CAMBRII	OGE
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CLOVER F. DOING BUSINESS A			
ADDRESS 7 HOLYOKE STREET		7TD CODE: 02120	
CITY/TOWN: CAMBRIDGE  MANAGER: ANDERSON, CHRIS	STATE: MA TYPE OF LICENSE: Res	ZIP CODE: 02139 taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED P 3200 SQ FT TOTAL700 SQ FT RESTAURANT AND MEZZANII FTMAIN ENTRANCE ON HO	OFFICE WITH REMAIND NE SEATINGFIRST FLO		
2. the licensee has complied	l be of the same type for the	same premises now licensed; nonwealth relating to taxes; and iin below)	
SIGNED BY Individual, l	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social i	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	16600389		CITY	OR TOWN	CAMBRIL	)GE
APPLICATION FOR RE	ENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: FU	UJI GROUP INC.					
DOING BUSINESS A	FUJI RESTAURAN	Т				
ADDRESS 300 THIRD	STREET					
CITY/TOWN: CAMBE	RIDGE	STATE: M	A ZI	P CODE:	02139	
MANAGER: SMITH, MATTH		OF LICENSE:	Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	R EMAIL ADDI	RESS		_
DESCRIPTION OF LIC						
50 SEAT SUSHI RESTA ON EACH SIDE OF TH addition of bar on their o	IE BUILDINGTH					
I hereby certify and swea	ar under penalties of	perjury that:				
1. the renewed l	icense will be of the	same type for	the same pr	remises nov	w licensed;	
	as complied with all			•	to taxes; and	
3. the premises a	are now open for bus	siness (If not ex	kplain belo	w)		
SIGNED BY	ndividual, Partner or	Authorized Co	rnorate Of	ficer		
		110010111200 00	iporate or	11001		
DATE:	TELEPHONE N	JI IMRFR.		EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHONE	WINDER.	(1)	Note: NOT In	ndividual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010.	the building inspec	ctor and the h	ead of the	fire depar	tment for the	e above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010	5600390		CITY OR TOWN CAMBRIL	)GE
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: AR	RAUCA,INC.			
DOING BUSINESS A O	RINOCO:A LATI	N KITCHEN		
ADDRESS 56 JFK STRE	EET			
CITY/TOWN: CAMBR	IDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: GARCIA	MARTHA TYPE	OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEAS	SE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICE	ENSED PREMISE	S:		
	ATIO IN THE REA	AR OF THE BUIL	ND STORAGE IN THE REAR. DING. MAIN ENTRANCE ON G.	
I hereby certify and swear	r under penalties of	f perjury that:		
1. the renewed lie	cense will be of the	same type for the	same premises now licensed;	
2. the licensee ha	as complied with al	l laws of the Com	monwealth relating to taxes; and	
3. the premises a	re now open for bu	isiness (If not expl	ain below)	
SIGNED BY	dividual, Partner or	· Authorized Corpo	orate Officer	
1110	arvidudi, i di tiloi oi	rumorized corp.	state Officer	
DATE:	TELEPHONE 1	NI IMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHONE	NOMBLK.	(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by	the building inspe	ector and the head	e certificate required by Chapt d of the fire department for the rance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
			-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 016600391	(	CITY OR TOWN CAMBRID	OGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: AUROR LLC			
DOING BUSINESS A FLAT PATTIES			
ADDRESS 33 BRATTLE STREET			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: BRUSH, THOMAS TY	PE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			]
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREMI			
650 SQ FT ON FIRST FLOOR SERVIC SEATINGBASEMENT AND KITCHE SEATING ON PUBLIC SIDEWALK FO	NFRONT AND REA		PATIO
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	• •	•	
2. the licensee has complied with		· ·	
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY Individual, Partner	r or Authorized Corpor	rate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п аварріотов ехрішії)			
DATE:			



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LICENSE NUMBER: 0	16600392		CITY OR TOWN CAN	IBRIDGE
APPLICATION FOR R	ENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME: A DOING BUSINESS A	AREA FOUR	ATING,LLC		
ADDRESS 500 TECHN				
CITY/TOWN: CAMB		STATE: MA	ZIP CODE: 0213	39
MANAGER: LEVITO L	ON,MICHAE TYPE	OF LICENSE: Re	staurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	EASE ALSO VISIT OUR WEBSI		MAIL ADDRESS	
DESCRIPTION OF LIC				<b></b>
4,235 SQ FT ON THE DINING ROOM.	FIRST FLOOR CON	NTAINING A CO	FFEE SHOP, LOUNG WI	TH BAR, AND
I hereby certify and swe	ear under penalties of	perjury that:		
•	•		same premises now license	ed;
2. the licensee l	has complied with all	laws of the Com	monwealth relating to taxes	; and
	are now open for bu		_	
SIGNED BY				
I	ndividual, Partner or	Authorized Corp	orate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENT	TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, signed by	y the building inspe	ctor and the hea	e certificate required by 0 d of the fire department for urance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain)	)			
(II disapproved explain)	,			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01660039	3	CITY OR TOWN CAMBRIDGE	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: TAPAS 3	50,INC.		
DOING BUSINESS A KIKA T	APAS		
ADDRESS 350 THIRD STREE	T,UNIT 3		
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: LEIN,FERNANI LUIS	DO TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR EMA	IIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
~	UTDOOR PATIO ON PRIVAT	NG ROOMS,BAR WITH STOOLS TE PROPERSTY. KITCHEN AND	
I hereby certify and swear under	penalties of perjury that:		
	will be of the same type for the same	•	
-	olied with all laws of the Commo	•	
3. the premises are now	open for business (If not explain	n below)	
SIGNED BY Individua	l, Partner or Authorized Corpora	ate Officer	
IIIdi viddu	i, i utilei of rigulorized corpore	ate officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBE	R:
1121	LEI HOME NOMBER.	(Note: NOT Individual Social Security Number	er)
Acts of 2004, signed by the bu	ilding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBE	R: 016600394		CITY OR TOWN CAMBRI	DGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	VEGGIE GAL	AXY LLC		
DOING BUSINESS	A VEGGIE GA	LAXY		
ADDRESS 450 MA	SSACHUSETTS	AVENUE		
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: PEN	IN, ADAM	TYPE OF LICENSE: R	estaurant CATEGORY	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
APPROX. 3302 ON SGRESS IN THE B			ON MASS AVE. WITH A SECO	NDARY
I hereby certify and	swear under pena	lties of perjury that:		
1. the renew	ved license will be	e of the same type for th	e same premises now licensed;	
2. the licens	see has complied	with all laws of the Com	nmonwealth relating to taxes; and	
3. the premi	ises are now open	for business (If not exp	lain below)	
SIGNED BY	T 11 1 1 1 D		0.00	
	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TEL EDI		EMBLOVED IDENTIFICA	TION NUMBER.
DITTE.	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signe	d by the building	g inspector and the hea	he certificate required by Chap ad of the fire department for th	e above
of 2010.	(2) the certificat	e of inquor nability ins	urance required by Chapter 11	o of the Acts
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			Ву:	
DISAPPROVED: [				
(If disapproved expl	ain)			
DATE:				



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LICENSE NUMBER: 0166003	395	CITY OR TOWN CAMBRI	IDGE
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CATAL DOING BUSINESS A CATA ADDRESS 300 TECHNOLOG	LYST		
CITY/TOWN: CAMBRIDGI		ZIP CODE: 02139	
MANAGER: KOVEL, WIL	LIAM TYPE OF LICENSE:R	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	G OF A KITCHEN, TWO DII	NING ROOMS, BAR, LOUNGE PATIO SEATING FOR 44 ON	
2. the licensee has con	• 1	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	d
SIGNED BY Individe	ual, Partner or Authorized Cor	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004, signed by the b	ouilding inspector and the he	the certificate required by Chap ad of the fire department for th surance required by Chapter 1	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			



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LICENSE NUI	MBER: 016600396		CITY OR TOW	'N CAMBRID	GE
APPLICATION	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: ACE BRANI	O, LLC			
DOING BUSIN	NESS A FIREBRAN	ND SAINTS			
ADDRESS 1 B	BROADWAY				
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE:	02139	
MANAGER:	STRACK, GARY	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PI				
		AND KITCHEN ALL O RTY WITH FOOD AND			TIO
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	ne same premises n	ow licensed;	
2. the 1	licensee has complie	d with all laws of the Cor	nmonwealth relatin	ng to taxes; and	
3. the 1	premises are now op	en for business (If not ex	plain below)		
SIGNED BY	Individual P	artner or Authorized Cor	norsta Officar		
	marviduai, i	arther of Authorized Col	porate Officer		
DATE:			EMDI O	YER IDENTIFICAT	ION NUMBED
	IELEI	PHONE NUMBER:		Individual Social S	
					204 0.5
		ve are in possession (1) tags inspector and the he			
		ate of liquor liability in			
Please Check Belo	ow:		LOCALLICE	ENSING AUTHO	ORITY
APPROVED:			By:	2 (51) (6 116 111)	JIGI 1
DISAPPROVE			-		
(If disapproved	explain)				
DATE:					
ADDI ICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 16	(A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	EK: 010000397		CITY	OR IOWN CAMBRIL	/GE
APPLICATION F	FOR RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: ALEWIFE CA	FÉ, LLC			
DOING BUSINES	SS A CASBAH RI	ESTAURANT			
ADDRESS 26 NE	EW STREET				
CITY/TOWN: C	AMBRIDGE	STATE: MA	ZII	P CODE: 02139	
	BULJUBEIN, ARI	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDI	RESS	_
DESCRIPTION C	OF LICENSED PRE	EMISES:			
ONE STORY BR	ICK BLDG; TWO	ENTRANCES AND TV	VO EXIT	S; TOTAL SQUARE FE	EET 3,200
I hereby certify an	nd swear under pena	alties of perjury that:			
1. the ren	ewed license will b	e of the same type for th	e same pi	remises now licensed;	
2. the lice	ensee has complied	with all laws of the Con	ımonwea	Ith relating to taxes; and	
3. the pre	mises are now oper	n for business (If not exp	lain belo	w)	
SIGNED BY			- 06	C.	
	Individual, Par	rtner or Authorized Corp	orate Of	ficer	
DATE:				ENDY OVER IDENTIFICATI	
DATE.	TELEPH	HONE NUMBER:	(1)	EMPLOYER IDENTIFICAT Note: <b>NOT</b> Individual Social S	
Acts of 2004, sig	ned by the buildin	g inspector and the hea	ad of the	cate required by Chapt fire department for the equired by Chapter 116	above
Please Check Below:			LOC	AL LICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			·		
(If disapproved ex	xplain)				
DATE:					



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LICENSE NUMBER	R: 016600398		CIT	Y OR TOWN	CAMBRID	GE
APPLICATION FO	R RENEWAL:	Annua	ıl	LICENSED FOR 2013		)13
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS	A					
CITY/TOWN: CAN	MBRIDGE	STATE:	MA	ZIP CODE:	02139	
MANAGER:	TYPE	OF LICENS	E:Restaura	ant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL A	DDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:				
<ol> <li>the renew</li> <li>the licens</li> </ol>	wear under penalties or yed license will be of the ee has complied with al ses are now open for bu	e same type f ll laws of the	or the same	ealth relating t		
SIGNED BY	Individual, Partner or	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building insp (2) the certificate of li	ector and th	e head of t	he fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LC By —	OCAL LICENS y:	SING AUTHO	ORITY
DATE:			_			
APPLICATION FOR RENEV	WAL MUST BE FILED BY LICE	ENSEES DURING	THE MONTH	OF NOVEMBER (N	И.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUME	BER: 016600399		CITY OR TOV	VN CAMBRID	OGE .
APPLICATION I	FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: THELONIUS	S MONKFISH LTD			
DOING BUSINE	SS A THELONIU	JS MONKFISH			
ADDRESS 524 M	MASSACHUSETT	S AVENUE			
CITY/TOWN: C	CAMBRIDGE	STATE: M	A ZIP CODE	: 02139	
	HANTLER, AMME	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION (					
		AND NEAR ENTRAN AGE AND WALK IN T		N THE RIGHT,	
I hereby certify ar	nd swear under per	nalties of perjury that:			
1. the ren	newed license will	be of the same type for	the same premises r	now licensed;	
2. the lice	ensee has complie	d with all laws of the Co	mmonwealth relation	ng to taxes; and	
3. the pre	emises are now ope	en for business (If not ex	xplain below)		
SIGNED BY					
	Individual, P	artner or Authorized Co	rporate Officer		
DATE:					
DATE:	TELEF	PHONE NUMBER:		YER IDENTIFICAT  Individual Social S	
			<u> </u>	- marvidum Booms	country ( tunice)
Acts of 2004, sig	ned by the buildi	ve are in possession (1) ng inspector and the h ate of liquor liability in	ead of the fire dep	artment for the	above
of 2010.	,		•		
Please Check Below:			LOCAL LICI	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	kplain)				
DATE:					



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LICENSE NUMBER: 0160	600400		CITY OR TO	WN CAMBRIL	JGE
APPLICATION FOR REN	NEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DIA	MONDS CAME	BRIDGE GROUP II	NC.		
DOING BUSINESS A PI	ZZA BAR				
ADDRESS 1238 CAMBR	IDGE STREET				
CITY/TOWN: CAMBRI	DGE	STATE: MA	ZIP CODE	E: 02139	
MANAGER: DIAMANT OS, JOHN		E OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICE!	NSED PREMISI	ES:			
1238 CAMBRIDGE STRE FOR PATRONS ON FIRS ENTRY/ EXIT ON TO SI SIDE FROM KITCHEN	T FLOOR; STO	RAGE IN BASEM	ENT; 2 EGRES	SES, ONE MAI	N
I hereby certify and swear	under penalties o	of perjury that:			
1. the renewed lice	ense will be of th	ne same type for the	same premises	now licensed;	
2. the licensee has	s complied with a	ll laws of the Comm	nonwealth relati	ing to taxes; and	
3. the premises are	e now open for b	usiness (If not expla	ain below)		
SIGNED BY Indi	ividual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
			(Note. <u>NO</u>	<u><b>r</b></u> Individual Social S	security Number)
We the undersigned, atta Acts of 2004, signed by the named license and (2) the of 2010.	he building insp	ector and the head	l of the fire dep	partment for the	above
Please Check Below: APPROVED:			LOCAL LIC By:	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved explain)					
(11 disupproved explain)					
DATE:					



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LICENSE NUMBER: 01660	)401	CITY OR TOWN	CAMBRIDGE
APPLICATION FOR RENE	WAL: Annual	LICENS	SED FOR 2013
	CLASS	ı	YEAR
LICENSEE NAME: NPPE	CORPERATION		
DOING BUSINESS A ANT	OLE RESTAURANT		
ADDRESS 288B GREEN ST	TREET		
CITY/TOWN: CAMBRIDO	GE STATE: N	MA ZIP CODE:	02139
MANAGER: HAMOURGA PENNY K.	AS, TYPE OF LICENSE	E:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
ONE LARGE ROOM WITH SMALL BANDSTAND, SM	· · · · · · · · · · · · · · · · · · ·		OM, 3 EXITS,
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for	r the same premises now !	licensed;
2. the licensee has co	omplied with all laws of the C	Commonwealth relating to	taxes; and
3. the premises are n	ow open for business (If not	explain below)	
SIGNED BY			
Indivi	dual, Partner or Authorized C	Corporate Officer	
DATE:	ΓELEPHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Indi	vidual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the cof 2010.	building inspector and the	head of the fire departm	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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LICENSE NUMBER: 016600402	CITY OR TOWN CAMBRIDGE
APPLICATION FOR RENEWAL: Ann	ual LICENSED FOR 2013
CLA	ASS YEAR
LICENSEE NAME: MAGG, LLC DOING BUSINESS A WEST BRIDGE	
ADDRESS 1 KENDAL SQ, BLDG 300	
CITY/TOWN: CAMBRIDGE STATE:	MA ZIP CODE: 02139
MANAGER: GELBURD- TYPE OF LICEN KIMLER, ALEXIS	NSE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTE DESCRIPTION OF LICENSED PREMISES:	R YOUR EMAIL ADDRESS
ONE ROOM ON FIRST FLOOR WITH KITCHEN IN LOWER LEVEL. PATIO SEATING FOR 14 ON PRI 1ST FLR FRONT, REAR EGRESS, EGRESS ON LO	VATE WALKWAY IN FRONT ENT/EXIT ON
I hereby certify and swear under penalties of perjury th	at:
1. the renewed license will be of the same type	_
2. the licensee has complied with all laws of the	
3. the premises are now open for business (If r	ot explain below)
SIGNED BY Individual, Partner or Authorize	d Corporate Officer
individual, I take of Addionze	d Corporate Officer
DATE: TELEPHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possessio Acts of 2004, signed by the building inspector and to named license and (2) the certificate of liquor liabil of 2010.	the head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	D.
DIG A DDD OLUED	By:
DISAPPROVED: (If disapproved explain)	ву:
DISAPPROVED: (If disapproved explain)	ву:
	Бу:



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01660040	3	CITY OR TOWN CAMBRI	DGE
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: CLOVER	FAST FOOD, INC		
DOING BUSINESS A			
ADDRESS 302 ELM STREET			
CITY/TOWN: CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: MUIR, AYR	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
10,500 SQ.FT. CONSISTING OBUILDING WITH A BASEME ENTRANCE ON CAMBRIDGE	NT. RESTAURANT AND LA	ARGE KITCHEN WITH MIN	L
I hereby certify and swear under	penalties of perjury that:		
	vill be of the same type for the	•	
•		nonwealth relating to taxes; and	
3. the premises are now	open for business (If not explain	ain below)	
SIGNED BY Individua	l, Partner or Authorized Corpo	orate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the cert of 2010.	ilding inspector and the head	d of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:		_	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 016600404		CITY OR TOWN CAMBRIL	OGE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: L'IMPASTO I	LLC		
DOING BUSIN	NESS A			
ADDRESS 226	63 MASSACHUSET	ΓS AVENUE		
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER:	PASSINI, RICCARDO	TYPE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION	N OF LICENSED PR	EMISES:		
KITCHENE	NTRANCE/EXIT AT	OM WITH COMBINED FRONT AND AT THE PASTA MACHINE AN	REARBASEMENTAREA	WITH
I hereby certify	and swear under pen	alties of perjury that:		
1. the 1	renewed license will b	be of the same type for the	e same premises now licensed;	
2. the 1	licensee has complied	with all laws of the Com	monwealth relating to taxes; and	
3. the <sub>1</sub>	premises are now ope	n for business (If not expl	ain below)	
SIGNED BY	Individual Pe	artner or Authorized Corp	orate Officer	
	marviduai, i a	ittler of Authorized Corp.	orate officer	
DATE:	TEI ED	HONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
	TELLI	HONE NOWIDER.	(Note: NOT Individual Social S	
We the under	signed, attest that w	e are in possession (1) th	ne certificate required by Chapt	er 304 of the
			d of the fire department for the urance required by Chapter 116	
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
DATE.				



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LICENSE NUMBE	R: 016600405		CITY OR TOWN CAMBRII	DGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	: CAMBRIDGE CUI	SINE, LLC		
DOING BUSINESS	A BRIDGESTREET			
ADDRESS 1166 CA	AMBRIDGE STREET			
CITY/TOWN: CA	MBRIDGE	STATE: MA	ZIP CODE: 02139	
MANAGER: GIL	SON, WILLIAM TYP	E OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	IAIL ADDRESS	
	LICENSED PREMIS			
	NT OF THE RESTAU OOMS IN THE REAF		TCHEN IN THE REAR. EMER	GENCY
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of the	he same type for the	same premises now licensed;	
2. the licen	see has complied with	all laws of the Comn	nonwealth relating to taxes; and	
3. the prem	ises are now open for b	ousiness (If not expla	in below)	
SIGNED BY	T 12 1 1 D 4	A 41 ' 10	. 0.00	
	individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEDIJONI	E NUMBER.	EMPLOYER IDENTIFICA	TION NUMBER:
21112.	TELEPHONE	i NUMBER:	(Note: NOT Individual Social	
Acts of 2004, signe	ed by the building ins	pector and the head	e certificate required by Chap of the fire department for the	e above
of 2010.	(2) the certificate of 1	liquor liability insu	rance required by Chapter 11	6 of the Acts
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	lain)			
DATE:				



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LICENSE NUI	VIBEK: 010000400		CITY OR TOWN CAMBRI	DGE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: TASTY BUI	RGER 2, LLC		
DOING BUSIN	NESS A TASTY BU	JRGER		
ADDRESS 40	JFK STREET			
CITY/TOWN:	CAMBRIDGE	STATE: MA	ZIP CODE: 02139	
	MILLER, ELIZABETH	TYPE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	EESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
STREET AND 4100 SQ.FT. B	TWO EGRESS DO ASEMENT LEVEL	ORS ON MOUTN AUBUI	LDING. ONE EGRESS/ENTR RN STREET FROM THE UPS STREET AND EGRESS ON JACENT CORRIDOR	TAIRS.
I hereby certify	and swear under pe	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for the	same premises now licensed;	
	-		nonwealth relating to taxes; and	l
3. the 1	premises are now op	en for business (If not expla	ain below)	
SIGNED BY	Individual, F	artner or Authorized Corpo	orate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, s	signed by the build	ing inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
(II disupproved	Capium)			
DATE:				



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LICENSE NUMBER	: 016600407		CITY OR TOWN CAMBRIDGE		
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 1353 CA	A THE LILY PAD				
CITY/TOWN: CAM	IBRIDGE	STATE: MA	ZIP CODE: 02139		
MANAGER: AHAI	RON, GILL TYPE	E OF LICENSE: Res	staurant CATEGORY	Y: Wine and Malt Regular	
EMAIL ADDRESS:					
P	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF L	LICENSED PREMISE	ES:			
SINGLE ROOM ON AREA AND BAR	GROUND FLOOR C	ONTAINING A ST	ΓAGE, STANDING AREA, SI	EATING	
I hereby certify and sy	wear under penalties o	of perjury that:			
1. the renewe	ed license will be of th	e same type for the	same premises now licensed;		
		* *	nonwealth relating to taxes; and	d	
	es are now open for b		<u> </u>		
SIGNED BY					
SIGNED B I	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:	
	TELEI HOIVE IVONIBER.		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	by the building insp	ector and the head	e certificate required by Cha I of the fire department for the rance required by Chapter 1	he above	
Please Check Below:			LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
D A TEL					
DATE:					